BUREAU V. K.

THE RESERVE THE PROPERTY AND ADDRESS OF THE PERSON NAMED TO PE

Server Dellarate

9961 9 700

BECENAED

67672

4			- 0 0		CERT	IFICATI	
l director		1, 1	LACE OF DEATH			2. 1	U
Page director		l '	Wicomico		MAR	YLAND	0
death.			CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ls, write	c. LENGTH OF STAT	IN IP	¢
fer death. he funeral	123	F'0	Hundell		2. Week	2	
ofter shou			OR INSTITUTION	ive street	address}		0
baurs of g	182	C	eninsula Vi	me	nal Hos	pital	
Pd 20	1000	3. 1	NAME OF THE STATE	şi	Midd		Ī
1 24 illed			Type or print) Edusars	E		AR	Î
within 2 hely fille Pages		5. 5	EX 6. COLOR OR RACE	7. MARR	HED NEVER MARR	1ED 8. DA	A.
3 4		20	sale colmed	WIDOWI		/ Y / UV	1
executed with nd campletely in papers. Pa death.		100	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	done 10b	KIND OF BUSINESS	OR INDUSTRY	
de a de	1		datoi	0/1	mker My	400	
D C 1		13.	FATHER'S NAME	1	-1-	14	i.
certificate g riystoid femove co	1		Joseph (M	nolsone	2	
ertifico femove 2)	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	17 INFOR	U
	0		190	2	-16-09-6	47 MA	L
death ce Ittending please f within 72			18. CAUSE OF DEATH [Enter only one co	use per li	ne for (o), (b), and (c)	-]	
9 0 0 3			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	10	Xemin-	- 3	
5 - F 3			420.0 DUE TO	6		12 6	-1
es the			Canditions, if ony, which) (b)	11	anghen	I_ Ve	2
equires an. signed sit permind in an			gove rise to immediate OUE TO	1,	The i	. 0	
req ian. is si nsit and			lying cause lost. 260) (c)	1-1	our,	0-30-60	100
W. Ca e C.		O.	Part II. OTHER SIGNIFICANT COM	DITIONS C	ONTRIBUTING TO DI	EATH BUT NOT	-
5 4 2 5 0	0	CERTIFICATION	I carela,	1/12	llixus	· bles	1
attending ertificate h os the bur on, ar rem		RTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED. (En	10
ifical in the			(IF EITHER, NOTIFY MEDICAL EXAMINER)				
2 = 0 0 =		MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour o. m.	20d. It	NJURY OCCURRED Nat while	20e. PLACE C factory,	
		ME	p. m. 19	of wor			
and the di			21. I certify that I attended the	deceas	ed fram 6/3	18/	_
TENDIN the has DR: Afte stached buriol,			alive an 7/013/50 /	12	and tha	t death acc	i.
by the CTOR: detoc			MILEA	0,	-//		
o pure	/		SIGNATURE Child	11.	Cherry	M.D.	
O E TO D	4		PHYSICIAN'S			6	-
Shous			NAME (Type)				_
HOSPITA oy be from FUNER oge 3 shou		275	BURNAL CREMATION, AB. DATE THEREO	F	22c. NAME OF CEA	AETERY DE CRE	EI
may to FUN page		7	Musice July 161	3/2	13 antin	Melin	2
F F		23.	FUNERAL DIRECTOR'S SIGNATURE	0	ADDIESS M	00	
VS A15 (4) 15M 9/55	00	1	Meyer Dumme	ans	WRULD.	mo	1
	8-1				7		۶

	o. COUNTY MARYLAND	o. STATE MA	b. COUNT	Warcister							
\$'0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF or	utside corporate limits, write	RURAL and give nearest town)							
e	d. NAME OF HOSPITAL (Into in hospital, give street address) OR INSTITUTION Lninglu Gunla Hospital	d STREET ADDRESS		IS RESIDENCE ON A FARM? YES \[\] NO \[\]							
1	NAME OF DECEASED (Type or print) Edward A	BMStan	4. DATE MOOF DEATH JULE	onth Day Year 13 - 1950							
1	nale Colmedwidowed Divorced D	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.							
100	during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
L	FATHER'S NAME Joseph amstrong	14. MOTHER'S MAIDEN N	AME /								
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY O. 17. IN 15. no. or unknown 1 (11 year, gives were or decreas of service) 216-09-1477	ns Maggie	Petett Smo	while, med							
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Toxleman	/ y- V		ONSET AND DEATH							
	420.0 DUE TO Gaughene Both lower 2 tramities 3 pers										
-	gove rise to immediate costs (a), stating the under- lying cause lost. DUE TO Co. Co. Co. Co. Co. Co. Co. Co	Carrie	ablita	rans -							
CATION	i called the little little little little	Nevirale	intic Her	VEN IN PART NO. 19. WAS AUTOPSY PERFORMED? VES NO.							
AL CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF CURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED LANGE FOR Solution P. m. 19 Of work of work 19 Of wo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)							
	ACTUAL OF THE STATE OF THE STAT	accurred at 3 pier	/ /	and an the date stated abave.							
	PHYSICIAN'S NAME (Type)	1.0.	1	A Joseph Square							
7	BURTOL CREMATION, 126. DATE THEREOF, 22c. NAME OF CEMETERY OF	miller	Snow les	le my							
23.	Hower of Director's grand South South Mills. M	nd 240 REGID DATE	BY NEGISTRAPS 245 ANG	ISTRAR'S SIGNATURE							
		/		// //							

HTASO AD EL ADRIDAD

BUREAU V. S.

7NF 16 1026

BECEINED

0	COUNTY	. Wicomico		MARYLAND		land	b. COUN	wic	onic	
b	ond give nearest town			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		porote limits, write	RURAL ond	give neare	st town)
d	NAME OF HOSPIT	Salisbur		pital, give street address)	d. STREET ADDRESS	spury				IS RESIDENCE
				ty Dog Pound)	R.D.	# 2				ON A FARM?
-	NAME OF DECEASED (Type or print)	V 1111		Middle Dale	Bailey	4. DATE OF DEATH	Mon Jul		Doy 27 th	Year 19 56
5. S				DE NEVER MARRIED	. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HR
_	Male	17 84 11 7 10	WIDOWED	DIVORCED DIV	Sept. 7,1888		67 yes.		0	HAT COUNTR
13.	ployee /0 father's Name ohn Thomas		7 C1t	y of Salisbury	14. MOTHER'S MAIDEN I	NAME	aryland	l U.	S.A.	
[Yes,	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wer or dates of se	CES? 16.	Mr	NFORMANT B. W. Dale Bai Laure A. Bai	Ley(Vi	fe) R.D.	# 2 Sa	lisbu	ry, Mar
-				A A	The state of the s		A			
		TH [Enter only one coust H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line f			10, (11)			INTERVAL I	
	PART I. DEAT 420 Conditions, If a gove rise to immedial, stoting the couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which diote couse anderlying DUE TO (c)		for (a), (b), and (c).] Coronary	occlusion				Sudo	den
CATION	Conditions, If a gove rise to immedial, storing the couse fost. PART II. OTH	DUE TO which diote cause anderlying ler SIGNIFICANT COND		for (a), (b), and (c).]	occlusion			YEN IN PART	Sudo	den
CATION	PART I. DEAT 420 Conditions, If a gove rise to immedial, stoting the couse lost.	DUE TO which diote cause anderlying ler SIGNIFICANT COND	ITIONS CO	for (a), (b), and (c).] Coronary	occlusion occlusion	INAL DISEAS	se condition GI	YEN IN PART	Sudo	den VAS AUTOPSY ERFORMED?
ICATION	Conditions, If a gove rise to immedial, storing the couse fost. PART II. OTH	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b) Ioto couse anderlying DUE TO (c) IER SIGNIFICANT COND USE WAS ATRIBUTING 20b	ITIONS CO	TOT (a), (b), and (c).] COTONATY ONTRIBUTING TO DEATH BUT HOW INJURY OCCURRED. (NJURY OCCURRED 20e. PLA Not while	occlusion occlusion	INAL DISEAS	SE CONDITION GI af item 18.}	VEN IN PART	Sudo	den VAS AUTOPSY ERFORMED?
CERTIFICATION	PART I. DEA' 420. Conditions, If e gove rise to imme (a), stoting the couse lost. PART II. OTH 20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour e.m. p.m. 21. I certify the	DUE TO No. which inderlying DUE TO DUE TO DUE TO CC) DUE TO DUE	DESCRIBE 20d. I While of wo	COTONATY COTONA	OCCLUSION NOT RELATED TO THE TERM Inter nature of injury in Parameter of INJURY (Home, formory, street, office bldg., etc.)	INAL DISEAS	SE CONDITION GI of item 18.) y or town)	(Cour	I(o) 19. WPP YES	den /AS AUTOPS: ERFORMED? □ NO
CERTIFICATION	PART I. DEA' 420. Conditions, If e gove rise to imme (a), stoting the couse lost. PART II. OTH 20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour e.m. p.m. 21. I certify the	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CC) HER SIGNIFICANT COND TY Month, Day, Year TP THE TOMAN CONTRIBUTION COND TO THE TOMAN CONTRIBUTION COND TO THE TOMAN CONTRIBUTION CONTRIBUTIO	DESCRIBE 20d. I While of wo	COTONATY COTONA	occlusion NOT RELATED TO THE TERM inter nature of injury in Parace CE OF INJURY (Home, formory, sinest, office bidg., etc.)	INAL DISEAS 1 FOR PORT II 1	se condition GI of item 18.) y or town) inspection indetermined	(Cour	Sudd	AS AUTOPS: ERFORMED? (State

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please cute the prificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral word or Page 4 should be recovered to the Chief Medical Examiner's Effice along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral from the burials demonity.

or removal.

VS. A15ME(5) 5M 9/55 TMP making a graph site of the state of the

BUREAU V. S. Solves veries | lead to

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

9961 I 90V

Dated Traces

traction of the state of the st

ALTERNATION OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. 9961 88 901

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

comp

ond

physician

Guip

ģ

signed

OR:

10

ō 6

death 0

hours

FLEER K W

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	LACE OF DEATH	Wi comi co		MARYLA		o. STATE Vine	(Where deceas	ed fived. If institution b. COUNT		ce befo	ra odmi	ssion)		
b	. CITY OR TOWN	If outside corporate limits, within)	RURAL	c. LENGTH OF STAY IN										
-	Salis	. 0					OTK		7	X	10.51	C DELICE		
1 .	Highway	TAL OR INSTITUTION (it ngt in h	ospital, give street address)		d. street Address USS Darby	DE 21	8 Convoy	Escop	t	ON	A FARM?		
	NAME OF DECEASED Type or print)	Fir George	rt	Middle W .	I	Lost Senjamin	4. DATE OF DEATH	Monito		Doy 21		o 56		
5. 5		6. COLOR OR RACE	7 1112			ATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER 1			9 DO ER 24 HRS.		
3. 3	V.	Vi	WIDOW		-1	Aud. 4, 193	54	los brithdoyl 22 23rs.		dys.	Hours	Min.		
10a.	USUAL OCCUPAT	ON (Give kind of working life, even if relired)	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stol	e or fareign o		12. CITIZ	EN OF	WHAT	COUNTRY?		
				U.S. Nevy		Unknor			T	ISA				
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN								
		nknown				Unknow	1							
1 490-	an an an housel	VER IN U. S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO.		DRMANT		Address						
	yes				U.	S. Navy F	lecord	s, Wash	ingto	n,	D.	G.		
		ATH [Enter only one cou	se per lin	e for (a), (b), and (c).]						INTERV	AL BETWE	EN CTH		
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Or	ushed chest							Sudd			
П	516 X	DUE TO									DU. T	1.411		
	Conditions, if													
	gove rise to imms (a), stating the					•								
	couse lost.	(e)												
ž	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH E	UT NO	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19				
ΥŢ										Y	ES 🗌	RMED?		
CERTIFICATION	20g. EXTERNAL CAPRIMARY (1) or CO	USE WAS	b. DESCRI	BE HOW INJURY OCCURRE	D. (Ente	r nature of injury in Pa	ort I or Port II	of item 18.)						
	CAUSE OF DEATH	· ·	de int	ng car that	atmi	ole the hear	le of of	torned hu	0					
CAL	20c. TIME OF INJU	IRY Month, Day, Yea	ir 20d.	. INJURY OCCURRED 20a.	PLACE	OF INJURY (Home, for	m, 20f. (City		(Coun	ty)		(State)		
WEDICAL	Hour o. m.	M. 19	Wh of v	ile Not while 🕜	factory	, street, office bldg., et	1	aburv	Wicomi		,	/d.		
~				remains described										
						le 🗍, Hamicid		ndetermined c	-	- لكار	ana	inia inai		
	dedin resone	e de la companya de l	1	The state of the s	our or	, Hamelo	ье <u>Г</u> , о.	ideleriiiiled C	0036 [_].					
	ACTUAL SIGNATURE	Evil	Commen	152-17.	·	A.D. CHIEF MEDICAL I	EXAMINER [DATE S	IGNED		
	EXAMINER'S					ASSISTANT MEDI	CAL EXAMINE	R 🔲						
		Earl L. Rove	er. E	L.D.		DEPUTY MEDICAL	EXAMINER [2	7-21	-56				
220	BURIAL CREMATI	ON, ZZb. DATE THEREC	F	22c. NAME OF CEMETERY	OR CI	EMATORY	22d. LOCA1	TION (City, town, o	or county)		{\$Iote	5)		
	REMOVAL (Specify	7-21-5	6.	X			No	rfolk.	VA med	m 4				
23.	FUNERAL DIRECTO	S SIGNATURED	15%	ADDRESS		24a, REC	'D BY REGIST	RAR 246 PSGIS	Textes Sign	talio i	. ^			
	Derry-T	Wlfood Fu	nera	1 Home. No:	rfo	lk. Viole	22.19	50 //4	en II	30	etla	way.		

VS. A15ME(5) 5M 9/55

or removol.

BUREAU V. E.

9961 88 9NV

physici

6

Bued

О

FUNER

O

VS A1S (4) 15M 9/SS

eose

ā.

A V UATAGE

Filled

ā

à

signed

ğ.

pino

FUNES

0

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

יייי אוני

		_	
AL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	cute 1 erificate, writing the ward "pending" in pencil in flem 18. Give Pages 1, 2, and 3 to the funeral color. Page 4 shauld be	forword to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	sit smray. File pages I and 2 with the registrar actor to burial, cremation.
ould be ex	pencil in t	lang with	Jurial-tran
MEDICAL EXAMINER: This certificate show	prtificate, writing the ward "pending" in p	forward to the Chief Medical Examiner's Office al	AL MIRECEOR: Page 3 shows be used as a se
TO DEPUTY	cute 1	forwo	TO FUILLE

ů o		MARYLA 771 MED en 2. Film 6200. 7/31	ND STATE DEPART	TME R'S	NT OF HEALT	H-BALI	IMORE, DEATH	18 Reg. Dist. N	76332
cremation	1,	LACE OF DEATH L COUNTY Wicomico	MARYL	AND	2. USUAL RESIDENCE (Where deceases	d lived. If institu		efore admission)
to buriot,	8	CITY OR TOWN (If outside corporate limits, write RU and give nearest town)	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (I		rate limits, write	RURAL and give	neorest tawn)
of CA	_	Salisbury			Salisbur	У			(0.000100010
ig C	ľ	NAME OF HOSPITAL OR INSTITUTION (IF IN HOME OF neighbor-Sn)	d. STREET ADDRESS Snow Hill	Road	Saliahu	mir. Md.	e, IS RESIDENC ON A FARM YES A. NO [
ē	3.	IAME OF First	Middle		Lest	4. DATE	Month		
egistr		Type or print) Lemuel M	elvin Cartwrigh	t		OF DEATH	7		1956
e e	5. 5		MARRIED NEVER MARRIED		DATE OF BIRTH	9	. AGE (In years look birthday)	Months Days	Hours Min.
£	10-	2.1	DIVORCED DIVORCED		and the second	(₹20 уп.		
and 2 v		USUAL OCCUPATION (Give kind of work don uring most of working life, even if retired) Famaing	Farming	MDDŽII	IT BIRTHELACE (Sign	or foreign çou	intry)	L. CIIZEN C	S, 77.
·—	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME >			
File poges	15. (Yes	WAS DECEASED EVER IN.U. S. ARMED FORCE no, or unknown) (if you war or dotes of serve	S? 16. SOCIAL SECURITY NO.	17. IN	FORMANT	· · · · · · · · · · · · · · · · · · ·	Address		
a murial-transi mrpat-		18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (b) governise to immediate cause (c), stating the underlying cause last. (c)	Massive hemo	orrh	age and lav	eration	of brai	DN	ERVAL BETWEEN Set and Death Sudden
nsed os	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITI						EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
8		TRIMART LI OF CONTRIBUTING LI	t several times	wi	th an axe du	ring fi	ght wit	h neighb	or.
3 shore	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o. m. 11 P p. m. 7-8- 19 5	20d. INJURY OCCURRED 20d While Not while at work at work	PLAC foctor	ry, street, office bldg., eld	1 _		(County) Wicomico	(Stote)
S Poge		21. I certify that I tack charge of death resulted fram: Natural could		abov	re, held an Autaps		pection X, determined c		, and find th
WEG T		ACTUAL SIGNATURE	· Mye	*	M.D. CHIEF MEDICAL E	_	-		DATE SIGNED
Emaval		EXAMINER'S Earl L. RO	yer, M.D.)		ASSISTANT MEDICAL		L	7-17-56)
OT OF FOR	1	BURIAL CREMATION. 22b. DATE THEREOF SEMOVAL (Specify)	L Devizion	1	GAR!		ON City, town, e	1 .7.	(Stare)
5ME(5) /55	23.	FUNERAL DIRECTOR'S SIGNATURE	Mes Address		240. REC	0 BY REGISTRA 7-23-54	R 24b. REGIS	420. H	Kemay
	-					-		1	7

DECEIVED

2 .V UATIVE

director, Page

complet

puo

physician

attending p

he

ģ

peen signed

certificate

DIRECTOR:

FUNE

0

ned

physician

death. funeral

ofter 4

hours

MEENU V. S.

DECENAED

		MARYLAND	STATE DEPARTM	ENT OF HEALTH-	BALTIMORE, 18	
ے		• 7702	CERTIFICA	ATE OF DEATH	Reg. I	() 7081 Dist. No.
fred with	1. [COUNTY LAZA POMÁCO	MARYLAND	2. USUAL RESIDENCE (Where do	eceased lived if institution Resid	ence before admission)
	S	CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and	d give nearest fown)
		NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	A Alman Pro	d STREET ADDRESS	9	e IS RESIDENCE ON A FARM?
		IAME OF First	Middle	_ 4 (PATE Month	Day Year
	5. 5		RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years let JPD) lost birthday) Months	ER I YEAR IF UNDER 24 HRS
death.	10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPDACE (Stole or for	eign country) 12 C	The 4D
after death.	13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		n.s.A
	15. (You	NAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. P	ARUELLA NFORMANT	CORbin	
ent withfin 72-hours		IB. CAUSE OF DEATH [Enter only one couse per fit PART I. DEATH WAS CAUSED BY,	ne for (a), (b), and (c).]	nita		INTERVAL BETWEEN ONSET AND DEATH
any event		Conditions, if any, which gove rise to immediate DUE TO		7		
and in	Z	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS (C)	CONTRIBUTING TO DEATH BUT	NOT BELAYED TO THE TERMINAL D	DISSASS CONDITION CIVEN IN U.	VSECTINA SAMI BELLANT TO
U	FICATION					PERFORMED? YES NO
P .	CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Port I	or Port II of item 18.)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 While p. m. 19	Not while for	ACE OF INJURY (Home, form, 20) clory, street, office bldg., etc.)	f. (City or town)	(County) (Slote)
מומן, כו		21. I certify that I attended the deceas	ed from 7/14/	occurred at 138/4M,	19.5 that from the causes and on	I last saw the deceased
or 70		ACTUAL MOLLISCE, fam	telin'	7/1	ESS (Street, city or town, stote)	DATE SIGNED
ď		PHYSICIAN'S NAME (Type)		**************************************	7	
the registrar	a	BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 7/16/56	22c. NAME OF CEMETERY O		LOCATION (City, town, or county	(State)
	3	UNERAL DIRECTOR'S SIGNATURE	bual balist	240. REC'D RY DATE 7-16	REGISTRAR'S SHARES S	V. Hollonai
				-		

BUREAU V. 2.

9961 81 70,

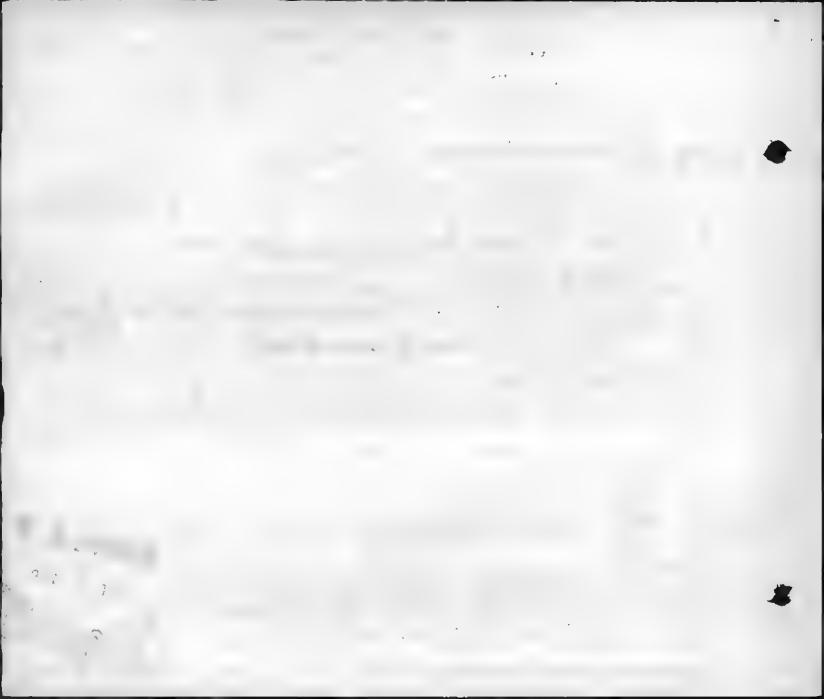
BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A W UAERIIS

OCTE & TOIL

1			MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* 3E			7704 CERTIFICATE OF DEATH Reg. Dist. No. 337
Page director	F ,4		AACE OF DEATH COUNTY 2 USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE MARYLAND WORCESTER
orh.			CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give neares) town)
er de fune buld I	10	2	PALISBURY 121 DAYS SNOW HILL
rs off the S sh		F. 1	1. NAME OF HOSPITAL (If not if hospital, give street address) OR INSTITUTION ENTREMEDIAL HOSPITAL OR STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\sum NO \(\mathbb{N} \)
hour S		3.	PAME OF First Middle Inst 4 DATE Mouth D. V.
illed es 1			Type or print) GEORGE COSTEN DEATH JULU 25 1952
rithir Pag		5. 9	THE PARTY OF THE P
plet.			MALE COORED WIDOWED DIVORCED 1/0/1/13-1886 10-4-10 MIR.
execution of company o	1	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) OCHERY Noun Camerin Comment Co
n an grbo		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
sicia re co			William Casten Improver
certification of physical phys	7 4		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 11 yes, give war or dates of vervice) 213-01-7368 Mas Macadales alless alless 2 Order of March 20 Order of vervice)
andir ease thin			18. CAUSE OF DEATH [Enter only one couse peckine for [a], [b], affil (c).]
d di			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PROUCHO DIO LLINDRIA)
that the oby the o			JULO 1 DUE TO
d by			Canditions, if ony, which) (b)
gare			gave rise to immediate out to DuE TO DuE TO DuE TO DuE TO
Clan constit		z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
physical phy	2	CATIC	PERFORMED? YES W NO
AN: T ending ficate I fite but		CERTIF	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enler nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r ath certification, tion,		ICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or tawn] (County) (State)
PHO COLOR		MED	Hour o m. p. m. 19 While Nat while at work
Reprint of Far and Far			21. I certify that I attended the deceased from 7/5, 1956, to 7/26, 1956 that I last saw the deceased
R: Al			alive on
ATTI d by il ECTO be deli	1		ACTUAL Pulls of Skirkuly So MD. 3215 DIU St. SALISTICH DATE SIGNED
AL O			PHYSICIAN'S A PLICIC S C'ADILLED TO
SPIT Services		220	NAME (TYPE) REPRAIL CREMATION, 73b. DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 22d OCCATION (City Jown, or county) (State)
May be of FUNEI			This July 2666 Celleneral emitter monthill mo
VS A1S (4)		23/	ADDRESS SIGNATURE ADDRESS SIGNATURE 245. REGISTRAR 245. REGISTRAR'S SIGNATURE
15M 9/55			My Cotusmus sugar Milly my DATE Meny St. Addisony



67684 **CERTIFICATE OF DEATH** 7705 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where peceased lived. If institutions Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (1) autside corporate limits, write RURAL and give nearest town) PURAL and give nearest town) d AIAME OF HOSPITAL (Ifmot in hospital, give street address) e. IS RESIDENCE d. STREET OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle DATE Month Day Year DECEASED (Type or print) 100.00 U 19. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF 9. AGE (In years FUNDER I YEAR IF UNDER 24 HR lost birthdoy) Months Days Hours DIVORCED WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRI 12 CITIZEN OF WHAT COUNTRY? during most of working tife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move INFORMAN 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD P. WAS AUTOPSY PERFORMED? YES NO 205. DESCRIPE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bidg., etc.) ! Hour 0. m. 19 ot work 🔲 at work p.]m. 21. I certify that Lattended the deceased from (c.that I last saw the deceased The M, from the causes and an the date stated above. and that/death accurred at ADDRESS (Street, city or town, state) ACTUAL prior TO PHYSICIAN'S NAME (Type FUNE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 9 23. FUNERAL BIRECTOR'S SIGNATURE ADDRES: 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OBVIBORY ULL 6 JUL.

BUREAU V. S.

07685CERTIFICATE OF DEATH 7706 Rea. Dist. No. filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 6. COUNTY O. STATE **b** COUNTY Wicomica MARYLAND Maryland Wicomico death. b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Saliabury Salisbury d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Pen. Gen. Mospital 239 Cooper St YES NO M NAME OF 4. DATE Middle Lost Manth Day Year Filled ges 1 DECEASED OF DEATH THOMAS FRANCIS CROCKETT (Type or print) July 30 th 19 56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS AGE (In yeons fast birthday) Months Days Hours Male White WIDOWED [7] DIVORCED [7] August 3, 1899 56 popers. yrs. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Crane Operator-(Employee of Road Bldg Co. Somerset County, Maryland USA and corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Samuel Crockett Ida Diza 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Edna ina M. Crockett (Wife) 839 Cooper St. Saliabury. Maryland offending No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event **DUE TO** þ pormit in only Conditions, if any, which (b) paug requires gove rise to immediate **DUE TO** cause (a), stating the underonsit. ond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY burial-tr PERFORMED? YES NO TO 280. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 'emation, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day. Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) U36 factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased fram. detoched to ______, 19____,that I last saw the deceased and that death accurred at 7:154 M, from the causes and an the date stated above. alive on ined by the DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Maryland Ave. Salisbury. Maryland ould PHYSICIAN'S Dr. Andrew Mitchell M. D. NAME (Type) July 31. 195 FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22L NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Spring Hill Memorial Burial Gardens Hebron, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR EGISTRAR'S SIGNATURE HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY MU VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V

OBCEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7707 **CERTIFICATE OF DEATH** TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, or 2 should be filed with N may be notated by the haspital or attending physician.

TO FUNER DIRECTOR: After this cert fixate has been signed by the attending physician and campletely fulled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 centeregistrar prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

YS A15 [4] 15M 9/55

Reg. Dist. No. 86

-													
	LACE OF DEATH COUNTY Wic	onice	·	MARY	- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wiconico							
ŧ	RURAL and give ne		ts, write	c. LENGTH OF STAY	N Ib	c. CITY OR TOWN (If oulside corporole limits, write RURAL and give negrest fown)							
_	Salisbur			Fruitland									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Deer's Head State Hospital.						d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 1							FARM?
3. NAME OF First Middle DECEASED (Type or print) Erung. Virgin						Lost 4. DATE Month Of DEATH July					23	·	Year
							DEA		-				19 56
5. SEX 4. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED TO					3/8/1871		9 AGE last I	(In years birthday) yrs.	Manths	Doys	Hours	ER 24 HRS. Min.	
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Housewife					RINDUST	Maryle		n country)		12 CI	TIZEN O	USA	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME						·
	George	Purnell Re	ddish	l		Maria	Jane I	arlow	r				
15. (Yes	na or unknown) [R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT Day	M	rs.Ja	nes^ddr	.Smit	h (Da	ugh	ter)
	Unk. No					spital Rec	cords	Fru	itlan	d, Mar	ylar	nd.	
		TH WAS CAUSED BY:	A .	ne for (a), (b), and (c).]		cardiovae	cular	diesa	2.0		INTERVAL BETWEEN		
	Arteriosclerotic cardiovascular disease ?												
	Conditions, if any, which) Arteriosclerosis, generalized								?				
	gave rise to in	nmediate		10011000101	0010	- Gonda dana							
	cause (a), slating t												
z		J (c		ONTRIBUTING TO DEA	THE DUT NO	OF BELATED TO THE	ERIAINIAI PAC	FASE COND	IZIONI OIL	F. 1. 1. 1. 0. 1	7 12 1 2 1))4/4 C	ALIZOREY
51	FARI III OTE	IER SIGNIFICANT CON	NI (ORA)	CONTRIBUTING TO DEA	ILL BOLIN	OI KELAIED TO INE I	EKWINAL 512	EASE COND	HION GIV.	EN IN PAI	1 (0)	PERFO	RMED?
FI	20- ACCIDENTIAL	C CONDENSANO (C)	Ant Dec	Chine House in Hilling of				0 . 11 . 1 1	10.			YES [NO 🔳
CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. UES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injur	y in Port 1 or	Part II of the	em 18.)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour a, fr. p. m.	Y Month, Day, Yes	While	Not while	20e. PLAC focto	E OF INJURY (Home, ry, street, office bldg.	form, 20f (, etc.)	City or town	1)	(County)		(Stale)
	21. I cortifie the	at, I attended the	deces	ed from	BA 25	., 19 <u>.56,</u> to	July	23	10 56	t shoet !	last co	15-	
		11 × 23		6 110111,	میرسادی: ۱۹۵۵ ماداد داداد	ccurred at 11	· OED.	-JeL	. 1725	e, mar i	last sa	w me	deceased
	ditae dii		12	zy, and snas	aeain a	ccurred at		ram the c \$ (Street, city			he dat		ed above. ATE SIGNED
	ACTUAL	+ V His	1. M	A .		Danis						71/0	I. /rc
	SIGNATURE	The Date of	(,,		M.	Deer's	nead 3	fare	Hospi	tal		1/2	4/50
	PHYSICIAN'S NAME (Type)	L. V. Mal	dve,	M. D.		Salisbu	ary, Ma	arylan	d				
22a		N, 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR C	REMATORY	22d LO	CATION (C	ty, tawn, o	r county)		(Stat	e)
	REMOVAL (Specify) Burial	July 26.	1956	St John's	Cem	etery	Fx	ruitla	nd, M	aryl	and		
	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS	T Anna	240.	REC'D BY REC		24b. REGIS			Ė	
H	TTOMAL &	COMPANY FUI	TERAL	HOME - SAI	TSBU.	RY, MD.	251	yar)	Man	w 24.	Hoc	low	augn

3 'A HETTIE

mg 36 700

ill Accord

ofter death.

24

within

requires that the death certificate

O HOSPITAL

BUTERN V. E.

10 S3 1820

[1] A 15058

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	07688
4 55				Nist. No. 382
I directed filled will	it j	1. [PLACE OF DEATH O. COUNTY NICOTICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions of the county of the cou	CCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
funeral vid be f	J.B	1	b. CITY OR TOWN (If autside corporate limits, write RURAL and RURAL and give nearest lown) Sals Ury C. LENGTH OF STAY IN 16 C. CITY OR TOWN Ut guise corporate limits, write RURAL and RURAL and Give nearest lown)	give nearest fown)
ors ofter			d. NAME OF HOSPITAL (Hard in hospital, give street address) OR INSTITUTION TENING Cla General RR#2	e is residence on a farm? YES NO
filled ges 1		- 1	NAME OF DECEASED (Type or print) Sepora Middle Dashie / Death July	00y Year 10 1956
d within			T Colored WIDOWED DIVORCED July 20. 1888 67 yrs. Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min
nd com	1		none Maryland U	S.A.
corbia after		13.	FATHER'S NAME Achie Republic Esther Grames	
physic physic pmove haurs	ж.		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (s. no. or unknown) (If yes, give wor or doles of service)	
ottending ottending vithin 72	3		10. CAUSE OF DEATH [Enter only one couse per jing for (o), (b), and (c).]	
1 2 6 0 5	I)	PART I. DEATH WAS CAUSED BY: MASSICE Sulfacerelial Hemorrian	INTERVAL BETWEEN ONSELAND DEATH
ned by the ermit. The			Conditions, if any, which gove rise to immediate (b)	3/
ion. In signe			lying couse lost. (c) Fall - due to daygques	o 3 days
he los bee rial-tro	*	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
cian; I tending ifficote the bu		CERTI	206. ACCIDENT WAS UNDERLYING DESCRIBE HOW NIVEY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING DESCRIBE HOW NIVEY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	occupist
rmysik fol or of this cert r use as emotion	*	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or lown] factory, street, office bldg, etc.)	Somewhat he
hospii Affer led fo				last saw the deceased
TENT The The OR: Sefoch			alive an	the date stated above. PATE SIGNED
on and by HRECT be coprior to	1		SIGNATURE AT Nerkert Sembly Salisbury he	& July 12
TAIL Foul			PHYSICIAN'S Dr. Sembly G. Herbert Sembly	0 0
moy be FUNER page 3 s		270 b	Duris AL CREMATION, 226. Date THEREOF 22c. Name OF CEMETERY OR CREMATORY 22d. LOCATION JCity, town, or county) Puris 1 Eden, Marylan	_
VS A1S (4) 15M 9/SS		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ANDRESS	W. Holloway

BUREAU V. S.

9961 61 700

DE LEGEN EU

VS A15 (4) 15M 9/55

after death.

within

that



TEATER THE

after death

Sunch

24

death certificate

inn

1					MARY	LAND	STATE DE	PARTM	ENT OF	HEALTH	I-BAL	TIMORE, 1	8 //	192 () 4
•					. 77	10	CER	RTIFICA	TE OF	DEATH	4		Reg. Dist. N	7691
rector,	P. C.		1 !	PLACE OF DEATH				ARYLAND	2. USUAL R o. STATE			d lived. If institute	on, Residence be	efore admission)
TO			H	b. CITY OR TOWN	Wicomic (If outside corporate lin		c. LENGTH OF S		c CITY C	Mary		rote limits, write R	Wicon	
uner	5 (Æ.	1	RURAL ond give	isbury		2 Wks			~uanti		TOTAL THINIS, WITHER	onne ono give i	- Colon lowing
the funeral dire		80		OR INSTITUTION	ITAL (If not in hospital,		ddress)		d. STREE	T ADDRESS				B. IS RESIDENCE
	2		2	Penin	sula Gen.	Hosi		'	<u> </u>		1. 0			YES NO
Filled	-			DECEASED (Type or print)	Annie		C! MI	iddle Freen	**	Last	4. DATE OF DEATH	Mon July		Day Year 19.56
	SBB		5. 5		6. COLOR OR RACE		ED NEVER MA	ARRIED [7]	B. DATE OF B	IRTH		9. AGE (In years	21 IF UNDER 1 YEA	AR IF UNDER 24 HRS
				F	White	WIDOWE		ORCED 🔲	6/4/	/1883		lost birthday) 73 yrs.	Months Days	Hours Min
dmp	papers:	~	100	. USUAL OCCUPAT	ION (Give kind of work rking life, even if relired	done 10b. K	IND OF BUSINE	SS OR INDUS	TRY 11. BIRT		or foreign co		12. CITIZEN	OF WHAT COUNTRY
and	death.	* V		Hous	ewife	"	Own Ho	me	lua	rdela	Lar	yland	U	.S.
D UE	after de	1	13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN N	IAME			
physician	S S S				Wilson	- Constitution				Jenni	e Twi	lley		
	2 hours	1	15. (Ye	, na. ar unknown)	ER IN U. S. ARMED FO	RCES7 16, S service)	OCIAL SECURITY		NFORMANT		~	Adde		7
dıng	1.			no					lora	reeny	, wu:	ntico,		
attending	within				ATH [Enter only one c	ouse per live	for (o), (b), and	(c).]					10	NSET AND DEATH
, o	ent			153x	IMMEDIATE CAUSE (ento	Mi	<u> </u>					2 days
d by t	any ev			Conditions, if		dul	ectivil	alsi	meh	- +1	colos	otion		2 weeks.
an signe	2.5			cosse (o), stating	the under-	ad	coroc.	: excum	~ R+C	lane -	dro	penble	0	antenous
~	aval, and		ATION	Part II. O	THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO M
nding cate h	or remaya		CERTIFICATION	20a. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJUI	RY OCCURRED	. (Enter notur	e of injury in f	Port I or Port	Il of ilem 18.)		J. C. HOM
of or atte	amatian,		MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	IRY Month, Day, Yo	ear 20d, IN. While	JURY OCCURRED Not while	20e. PLA foc	ICE OF INJUR	RY IHome, farm ffice bldg., etc.	. 20f. (City	or town)	(Count	y) (State)
haspit After	urial, cr			21. I certify to	hot I oftended the	decease		hat death		6, 10 -	CM. from	20, 1956	Lithot I lost	sow the deceased
by the	r ta b	,		ACTUAL (J. 00.	13	For		21.			reet, city or lown,		DATE SIGNED
o la	pro prio			PHYSICIAN'S	· /ccccom	- 1	, , ,,,,	7-	A.D.	A(" U.)	9-5/	- Augus	Jacon . A	and s
VE C	gisto		20	NAME (Type)										
o Eu	the re		220	REMOVAL (Specify	ON, 226. DATE THERE		22c. NAME OF		CREMATORY	1		non (City, town, o	IVI +7*V7 -	(Stole)
-	43		23.	EUNDIAL DIRECTO	R'S SIGNATURE		ADDRESS			240. REC'I	BY REGIST	RAR 24b. HEGIS	TRAR'S SIGNAT	URE
VS A1S (15M 9/5	5			· N 1	1/2 souch		Bivalv	e. Ma	rvland	DATE	1-1-56	ma	W W.	relaway
												/.	/	11 41

SHESTH X 3.

90,1 1 5,1

HEAU V. S.

SECEINED

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	~ 7712 CERTIFICATE OF DEATH
* 5±	Reg. Dist. No.
rect × page	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY
T T T T T T T T T T T T T T T T T T T	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d the deal	RURAL and give nearest fown)
hauf hauf	d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS L. S. PESIDENICE
5 V	PENINSULA SENERAL NOSP 415 WALNUT YES DINOT
Ž.	3. NAME OF DECEASED A First Middle Last 4. DATE Month Day Year
n 24 Filled Jes 1	(Type or print) CLARA L. GILLESPIE DEATH JULY 5 1956
Pag Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years MUNDER 1 YEAR IF UNDER 24 HRS.
pled ors.	FEMAL WAITE WIDOWED DIVORCED 10CT, 7/8// 78 yrs
con pop pop	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
ond ond	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME
9 6 9	FOWARN A BELOTE ANN VARRIS
physicion physic	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (You. no. or unknown) If you, give wor or dozine of service)
ing p	HO - NONE MRS KENNETHE JORDAN
Seath lend Seath Seath Stead Stead Stead	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c))
a de	PART I. DEATH WAS CAUSED BY: 2 2 MANEDIATE CAUSE (a) Cheleval Cerombosis 2 Cause
hot 'y' ih	DUE TO DUE TO
a digital distriction of the control	gove rise to immediate DUE 40
sign it pe	lying couse last.
sicid sicid sicid irons II, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
phy phy phy phy riati	3 Mabetes Milliture YES NOT
ding ding ote l s bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI
or the	
or consideration	Hour a. ft. Not while South factory, street, office bldg., etc.)
Cres Cres	
Afficial, rivol.	alive on 12.1.1 certify that 1 attended the deteased trond 19.1. to 19.5. that I last saw the deceased alive on 19.5. And that death occurred at 19.5. And the deceased above.
det of the order	ADDRESS (Street, city or town, stole) (DATE SIGNED
SECOND I	SIGNATURE Kenned J. Liliner M.D. Salisburg The truly 1 1950
P P P P	PHYSICIAN'S NAME (Type)
Bistro	
S S S S S S S S S S S S S S S S S S S	REMOVAL (Specify) SURVEY STATE THEREOF 122. NAME OF CEMETERY OR CREMATORY 123d, LOCATION (City, town, or county) 124 LV 8 J 9 S PARKS LEV CEM 125 LR TSLEY 126 LOCATION (City, town, or county) 127 LR TSLEY 128 LR TSLEY 128 LR TSLEY 128 LR TSLEY 128 LR TSLEY 129 LR TSLEY 129 LR TSLEY 129 LR TSLEY 120 LR TSLEY
5 5 0 5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Henry Heaton Jacomothe moderie Law Mr. Holland
	The second of th

NULLY IN IT

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY W1comico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland. b. COUNTY								
Salisbury Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 406 Washington St. 406 Washington St.	e. IS RESIDENCE ON A FARM? YES NO T							
3. NAME OF DECEASED (Type or print) ADA GORDY GORDY 4. DATE Mor OF DEATH JULY	nth Day Year							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) 63 yrs	Months Doys Hours Min.							
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home None Wicomico County Maryla	12. CITIZEN OF WHAT COUNTRY							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET P. Calloway								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. No. or unknown) Iff yes, give wor or defea of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Waller (Sister) R. D. #	2 Salisbury Raryland							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse last. (c)	INTERVAL BETWEEN ONSET AND DEATH 3 pres							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE CONTRIBUTING TO A UNDERLYING TO 20th DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 1							
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. ft. While Not while of work	(County) (Stale)							
21. I certify that I attended the deceased from 191, to 191, t								
NAME (Type) Dr. Harry Mattox M.D. Salisbury, Maryland								
220. BURIAL CREMATION. REMOVAL (Specifical Survival Survi	(
	STRAR'S SIGNATURE							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be proposed by the hospital or attending physician.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 cms 2 should be filed with the registrar prior to burial, cremation, or remaral, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

b a nitual

11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUILT UY, &

10E 3 10EC

MAN WAS

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

67695

7715 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worsester							
	COUNTY Wisemise	MARK	CAMIL								
	CITY (If outside corporete limits, write RURAL OR and give negrest town)	LENGTH C		CITY (If outside co	nearest fown						
	TOWN Salisbury	2 W		TOWN	lin. Rt #2 N	LA.		2			
	HOSPITAL OR		K.5	STREET		jiya locali	ion)				
	INSTITUTION OR STREET ADDRESS MAN 37 12 1/7			ADDRESS	41 ~4				V		
	7U7 NOTTO RESTO	(Middle)		(Last)	Route # 22	120	(Day)	(Yee	-1		
	THE REAL PROPERTY OF THE PERSON OF THE PERSO	(viracie)		(rest)	OF	Stitu)	(Day)	(100	n j		
	(Type or Print)	ac	Hall		DEATH	7	1.5	19 [
	S. SEX 6. COLOR OR 7. SINGLE, RACE WIDOWE	n nivorcin	8. DATE	OF BIRTH	9. AGE lest birthday		DER 1 YEAR	IF UNDER			
	BM (Specify)	Married	Sent	15, 1926	2Q yrs	Monti	hs Deys	Hours	Min.		
	10e. USUAL OCCUPATION (Give kind of work 10	b, KIND OF BUSINE		11. BIRTHPLACE (Steta or f	oreign country)		12. CITIZE	N OF WHA	AT		
1	done during most of working life, even if	OR INDUSTRY		60 m s s s s							
"	13. FATHER'S NAME	Home		Berlin, Md.	IN NAME		US	A			
	13. PAIRCE S NAME			IN. MOTHER S MAID	IN INNUME						
	Spencer Briddell	Ella Fas									
j	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SE	CURITY NO	17. INFORMANT	& ADDRESS						
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	219 14	3116	Charles	Hall, Berlin	3 352	70+ s	40			
		_ 18, ME	DICAL CE		MOLIA MELLA	*****	INT	RVAL BETV			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	EATH J	1	· a //	11 -		ON	SET AND D	EATH		
	IMMEDIATE CAUSE (A)	1/42	carde	al Tusu	However	da		sum	Me		
į	ANTECEDENT CAUSE(S) DUE TO										
į	DISEASES OR CONDITIONS, IF ANY, (B)	1 There	men.	ic Very	4 rugu	1/2_	1 /6	nue	um		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	-									
	(C)										
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE										
	DISEASE OR CONDITION CAUSING DEATH.										
	19a. DATE OF OPERATION 19b. MAJOR FIND	INGS OF OPERATIO	N					D. AUTOPS			
	21. ACCIDENT WAS UNDERLYING ET 216 BLACE	(blassa form forta		21c. WHERE DID INJURY OC	CID2 (City or town)		County)	(State	44		
	216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY S (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Flome, farm, fecto treet, office bidg., et	ry,	216. WHERE DID INJORT OC	CURY (CITY OF IDWIT)		County;	(Since	, (
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e, INJURY OCC	URRED OI While	211. HOW DID INJURY OF	CVR?						
	M.	el work 🔲 🎉	wyrk	1	111	-1					
	22. I hereby certify that I altended the	deceased from	nen	19 0 10	cely 13 195	th:	at I last sa	w the de	ceased		
,		- //			/ -	1	1				
5	VIGNATURE /	and man alean	occurred a	At At	DRESS (Sheet, city-to			e. December was	900000		
55 10M	Wand & De	lecore	M.D. ×	telesky	my hel	per	ely,	7,1	954		
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF	CEMETERY OR	CREMATORY	LOCATION (GHY, 19	with, or co	unty	(5	itate)		
	Burial 7-21-56	Show	ell		Showell	, Ma	ryland				
\ \ \	24 REC'D BY REGISTRAR REGISTRAR'S SIGN	TURE	00	25. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS				
	DATE - 201956 Mary	Nr. Holl	Britacke	J. F. Steva	rt Funeral H	ome	Sails	bury.	Md.		
						-4	- CITCH M.		- ALEXANDER		

BUREAU V.

10E SC 1826

BECEINE

BURE

death.

THEVA K'Y

OZATEDAM

death.

within

certificate

TO HOSPITAL

SALEVA R &

9761 7, 77,

DECENTED

filed

should

popers, eath.

ō

after

corbon

move.

ā

Per

buriol-tr

TO

0

0

VS A15 (4) 15M 9/55

oug

physicion

d by

gned

death.



SOUT I DUA

7741 CERTIFICATE OF DEATH

Reg. Dist. No. 337

	COUNTY Wicomico	MARYLAND	STATE Maryland COUNTY Jesterville									
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL end give neerest town) OR									
X	Town Jesterville	Lifetime	20000									
	HOSPITAL OR	1 TTT O OTMO	STREET	location]								
1	INSTITUTION OR STREET ADDRESS		ADDRESS		,							
	3. NAME OF (First)	(Middle)	(Lest)	4. DATE [Month	(Dev) (Year)							
	DECEASED	, model)	(casi)	OF	(Dey) (Year)							
		ames	Heath		11y 9 19 56							
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	ORCED.	OF BIRTH	(-	Months Days Hours Min.							
	Male White (Specify) Wid	lowed 9-23	-1871	84 yrs.	10 16							
,	10a. USUAL OCCUPATION [Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (Slate or for	elgn country)	12. CITIZEN OF WHAT							
37		n Farm	Maryland		U.S.							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN									
	Edward James Heath, Sr.		Julia Ev	ona								
		. SOCIAL SECURITY NO.	17. INFORMANT &									
	(Yes, ac, or unk.) (If Yes, give wer or dates of service)											
	110	18. MEDICAL CER	TERRORIT	nearn, Jest	cerville, Md.							
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH											
	IMMEDIATE CAUSE IN CONTEST OF COLORATE WAS ADROCAL IL CLEAR ST.											
	ANTECEDENT CAUSE(S) DUE TO											
	DISEASES OR CONDITIONS, IF ANY, (B)	resolved	arester	Ruleriou	D JOHAND.							
	GIVING RISE TO THE ABOVE CAUSE DUE TO	8										
	(C)											
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				a							
	DISEASE OR CONDITION CAUSING DEATH.	Marin	24		- director							
	196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			YES NO							
	216 ACCIDENT WAS UNDERLYING 216, PLACE [Home	s, ferm, fectory,	21c. WHERE DID INJURY OCC	UR? (City or town)	(County) (State)							
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?								
	M, et work et work											
	22. I hereby certify that ! attended the decea	sed from 3 114	19 15 Parts 11	10 105 50	that I last saw the decessed							
	alive on 1950 and											
6	SIGNATURE	mar deam occurred at		causes and on the da DRESS (Street, city, town,								
7	-DC 01150	Dosa us	h	1.1	12/0//							
1-5	23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	or county) (State)							
A15C 1-55 10M	REMOVAL (SPECIFY)				, , , , , , , , , , , , , , , , , , , ,							
	Burial 7-11-56 24. REC'D BY REGISTRAR (1) A FEASTRAR'S SIGNATURE	Oak Grove	Cemetery	Jestervil	Lle, Maryland							
YS	The state of the s	l on	23. PUNERAL DIRECTOR:	. //	VDOKE22							
	DATE	olloway	(-1. XI. W)	1-35-50 Bi	valve, Maryland							

Y A Walla

JUL IS ISSE

--560

death.

þe

certificote

P. T. Deanual

9501 I 901A

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Wi comi co b. CITY OR TOWN III outside corporate filmits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) and give negrest lewns Salisbury 9 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RES DENCE ON A FARM? 400 YES NO Peninsula General Hospital NAME OF 4. DATE Middle Last Month uneral Year DECEASED OF (Type or print) DEATH 29 19 56 Timothv Hudson 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED IT DIVORCED | - yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral concussion: compound fracture of rt. tibila IMMEDIATE CAUSE (o) buriol-tronsit and fibula **DUE TO** - A Conditions, if any, which pencil gove rise to immediate course Buo **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 8 CATION PERFORMED? NO N 200. EXTERMAL CAUSE WAS PRIMARY TO F CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH. Walked in front of oncoming car con Route 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Not while factory, street, office bldg., etc.) 10: 30 Pm.M. 2819 56 of work of work IR F 21. I certify that I taok charge of the remains described above, held an Autapsy [], Inspection 4 Inquiry A, and find that death resulted fram: Natural causes ... Accident XI, Suicide III, Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER Ear! Rover. M.D. 22g. BLIRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ò RIMOVAL (Specify) 0 FUNERAL DIRECTOR'S BIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24bi REGISTRAR'S SIGNATURE VS. A ISME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

NEWN K & 1956
Aug & 1956

BUREAU V. F.

9961 20 760

DE AMOSIA

1		Ī		MARYL	AND ST	ATE DEPARTA	MENT OF H	HEALTH	I-BALT	IMORE, 1	8 117	704	
			7744 CERTIFICATE OF DEATH Reg. Dist. No. 332										
director filed with		1.	PLACE OF DEATH o. COUNTY	Wie om:	ice	MARYLAND	II a CTATE	DENCE (WI		lived If institute b. COUNTY		before odm	ission)
erol be	34	, -	b. CITY OR TOWN (RURAL and pive n	If autside carparate limit parest town)	1	LENGTH OF STAY IN 16	c. CITY OR		outside corpor	ote limils, write R	URAL and giv	re nearest to	wn)
	Ma 7	-	A ALALIE OF HOCEN	Cat Of and in Southeld on	to a constant and the	Most of lif	d STREET	ADDRESS	Wetij	oquin		15.0	ESIDENCE
the short	/	L	OR INSTITUTION	home Qua	ntice F	Rt. # 1			antico	Rt # 1		ON YES	A FARM?
e la		3.	NAME OF DECEASED (Type or print)	fin Mar	ıf	Middle Moley	La To a		4. DATE OF DEATH	Mon 7	th	Day 28 -	Year 19 56
y Fill		5	SEX SEX		7		JOS B. DATE OF BIRT			9. AGE (In years	IF UNDER I	YEAR IF UN	
pletel S. P			Female	A.A.	WIDOWED [1	890		last birthday) 66 yrs.	Months D	lays Hour	s Min
cofe comp	a	100	. USUAL OCCUPAT O	DN (Give kind of work o	done 10b. KINI	D OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State	ar foreign co	untry)	12 CITIZ	EN OF WHA	AT COUNTRY?
or exe				king life, even if retired) VIIC	Ow	n Business				co Co. Mo	1.	U.S.	A
and		13.	FATHER'S NAME	James	Tamaa		14. MOTHER	S MAIDEN N					
hysical haurs,		15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		IAL SECURITY NO. 117.	INFORMANT		V23	rginia	ress		
Cerri		1A4	No. or enknown!	(If yes, give war or dates of se	ervice]	None F	oster Jo	seph.	Quanti	ico. Md.	Rt. #	L Wet	ipquin
eath eadir			18 CAUSE OF DEA	ATH [Enter only one co	use per line fo				/1		-41	INTERVAL ONSET AN	RETWEEN
wind the d			PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (6)	, ce	relized	Her	UIR	1/1	apt		UNSET AN	Our
or the			X	DUE TO	10	. 0	0.			1			,
ed be			Conditions, if a	mmediate	40	Rest	I ce	2017	M-				
equi sign dip			casse (a), stating lying cause last.	the under-)								
physicio as been ial-trans aval, as	1	CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BL	T NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPSY ORMED?
ending ficate h the bur			200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCUR	ED. (Enter noture	of injury in	Port 1 or Port	Il of item 18.]			
PHTSIC of or off his merth use as		MEDICAL	20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Day, Yea	While at work	Not white	LACE OF INJURY actory, street, office	(Hame, form ce bldg., etc	20f. (City	or town)	(Co	unty)	(State)
Attending by the haspit CEOR: After t detached for to buriol, cr			21. I certify the alive an Alexander	nat I attended the	deceased 1977	from 1) and that deal	27, 1957 h accurred al			27, 1947 the causes of	ind on the	date sta	
AL ON REI Roul be ror prior	Ş.		SIGNATURE NAME (Type)	vice	19 Call	<u> ences</u>	_M.D	112		<i>u- ''</i>		Ye	exert.
be i NER e 3 s		22	o. BURIAL, CREMATIC	ON, 226. DATE THEREO)F 22	C NAME OF CEMETERY	OR CREMATORY		22d LOCAT	ION (City, tawn,	or county)	(51	ote)
Dog Liber			BUT181	0 = 00	S	Odd Fellows	Cemeter	y	Wetig	quin, Wi			Md.
⊢	1.1	23	FUNERAL DIRECTOR		**	ADDRESS			D BY REGISTI	RAR 24b. REGI	STRAR'S SIGN	LATURE	
VS A15 (4) 15M 9/SS	NA	1	· I. STEWS	urt Funeral	Home,	Salisbury,	Nd.	DATE	1-56	mas	4 4.	ti.	2.1
										/	/		- L

8 A M

3501 .

and the last

~ -

MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exesmotion, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) p. COUNTY Wicomico MARYLAND b. CITY OR TOWN III auteide corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) and give nearest fown? burv Dav Salisbury e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital ON A FARM? North Park Gardens YES NO P NAME OF DATE Month Day DECEASED De Forrest OF Laufer August (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Lale White June 26,1902 Months WIDOWED | DIVORCED T YI'S 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 200 during most of working life, even if retired) Cosmetics U.S.A. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ¥0m poges Willia Laufer Macie Lentz Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Ars F.A. Loufer in I'em 18. Give Same permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART 1. DEATH WAS CAUSED BY: along with form Barbiturate noi soning ..ours IMMEDIATE CAUSE (a) a burial-transit DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoting the underlying cause lost. iner's Office PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 000 PERFORMED? NO E 20d. EXTERNAL CAUSE WAS PRIMARY MO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II at item 18) Exami should Took bottle of sleeping pills. CAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (Slote) (County) wniting the white Medical 1 factory, street, office bidg., etc.) WED While Not while 7-28-19 5Aol work of work Salisbury Wicomico lid. Home 21. I certify that I taak charge of the remains described above, held an Autopsy 1. Inspection X. Inquiry A. and find that tificate, writing the the Chief I death resulted fram: Natural causes ... Addident | Suicide X. Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwar Is ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Earl L. Royer DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Wm Lee 's Crematory Washington, D. C. 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS. A15ME(5) The Hill & Johnson Co. Salisbury, Laryland 5M 9/55 normant, Baker

executed

certificate should

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. Z.

VACE S 1929

12	3.	B. CITY OR TOWN (RURAL and give in Salisbur d. NAME OF HOSPI OR INSTITUTION, NAME OF DECEASED (Type or print)	TAL (If not in hospital, gi Lad S ₄ e. ' 3 H Fin Fit 23	s, write c. LET	MARYLAND NGTH OF STAY IN 16 12 days Middle	2. USUAL RES	lary lary lary lary lary lary lary lary	are deceased in	b. COUNTY	Reg. Dist. Non: Residence be	fare admi	1
12	3.	b. CITY OR TOWN (RURAL and give (Salisbur d. NAME OF HOSPI OR INSTITUTION NAME OF DECEASED (Type or print)	If outside corporate limit earest town) TAL (If not in hospital, gi Lad Spala Fin Fin	ive street oddress losgital	NGTH OF STAY IN 16 12 days 3)	c. CITY OR Cam	lary) a Town (For abridge	otside corporate	b. COUNTY	F. E. S.E.	earest for	1
12	3.	RURAL and give in Salisbur d. NAME OF HOSPI' OR INSTITUTION NAME OF DECEASED (Type or print) SEX	earest town) TAL (If not in hospitol, gi Lad S ₁ a ' a F Fin Fit *1	ive street oddress losgital	li2 days	d. STREET	wridge		limits, write RI	URAL and give r		∾n}
· · ·	3.	NAME OF DECLASED (Type or print)	Lad S _t a's H Fin Fit of	ive street oddress losgital)	III	ADDRESS				1	
1	5. 1	DECEASED (Type or print) SEX	RM si		44.441-	11 /		J Stre	ct		e. IS RI ON YES [ESIDENCE A FARM?
			Le couer en en el	-	Tres.	Lord	st	4. DATE OF DEATH	Mon July		Doy L7	Year 19 56
1	10a		7.75 3.1 1 1	7. MARRIED T	NEVER MARRIED DIVORCED	8. DATE OF BIRT		9.	AGE (In years lost birthday) 72 yrs.	Months Doys		
		USUAL OCCUPATION during most of work Unknown	ON (Give kind af wark d king life, even if retired)	lone 105, KIND (OF BUSINESS OR IND	-	ryland	ar foreign count	7)	12 CITIZEN	OF WHA	T COUN
	13.	James G	ray			14. MOTHER'S	S MAIDEN N	AME Moore				
	15. {Yes	WAS DECEASED EVE	R IN U. S. ARMED FORG	CES? 16. SOCIAL	L SECURITY NO. 17.	Hospita	al Rec	ords	Addr	ess		
			ATH [Enter only one country on		o), (b), and (c).] neralized (carcinoma	tosis			N	TERVAL E	ETWEEN D DEATH
		Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate	Ca.	of rectur	n					10 y:	
	CATION		HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO	O THE TERMIN	VAL DISEASE CO	ONDITION GIV	EN IN PART I(a)	PERF	AUTOP ORMED?
	L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter nature o	of injury in P	art 1 ar Part II	of item 18.)			
	MEDICAL	20c. TIME OF INJUR Hour a. 51. .p. m.	RY Month, Day, Yea 19		lat while	LACE OF INJURY (octory, street, offic	(Hame, form, e bldg., etc.)	20f. (City or	lown)	(Count	A)	(Sta
		21. I certify the alive on	nat I attended the	deceased from 19.56	om. Just 5	h occurred at		.M, fram t	ne Causes a , city ar tawn, i	state)	ate sta	
1		PHYSICIAN'S NAME (Type)	L. V. Haldve	e, I D.	1			ad State	e Hospi and	. Va.I		10/5
	220	BURIAL CREMATIC REMOVAL (Specify)	2010L)		NAME OF CEMETERY OF	MARKE	7	EAST		County)	(Ste	MD
Kad	23. L	FUNERAL DIRECTOR	S SIGNATURE DTC FUNC		RUIC &	MBRIDG	DATE DATE	BY REGISTRAR	24b. REOIS	TRAR'S SIGNAT	URE)	c //

BUREAU V. L.

10 SV 1626

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V &

9961 08 TAI



1						ND ST			NT OF HE			IMORE, 1	177	118	332
54	. ~			77	723		CERT	IFICA	TE OF DE				Reg. Dis		60
directo	M)	1. [PLACE OF DEATH D. COUNTY	omico			MAR	YLAND	2. USUAL RESIDER	vlan	_	lived. If institute b. COUNTY	_	nace	
De of	1-		RURAL and give n	earest town)	ole limits,	write c.	LENGTH OF STAY				utside corpora	te limits, write R	JRAL ond gi	ve nearest	town)
havid		-	SALIS d. NAME OF HOSPI		pital, give	street addr	2 .1onth	ıs	Man	okin Dress				0.15	RESIDENCE
7.0	0 1	L	OR INSTITUTION Deer1s	Head Sta	ate E	losni t	તો								S NO
- a			NAME OF DECEASED (Type or print)	T	First		Middle		Lost		4. DATE OF	Mon		Day	Yeor
y fill		5. 5			Messi		Anna Never marr	IED [7] 8	raddox		DEATH	Jul	V	YEAR IF	19 56 JNDER 24 HRS.
Is. P			Female	Col.		IDOWED [4/4/1894			de la			ours Min.
ompode of the	1	100	. USUAL OCCUPATION during most of world	ON (Give kind of king life, even if	work don	e 10b. KINI	D OF BUSINESS	OR INDUST	RY 11. BIRTHPLAC	CE (Stote o	or foreign cou	ntry)	12. CITI	ZEN OF W	HAT COUNTRY?
and so	man.	12	FATHER'S NAME				***		Mary		1416			USA	
e a te	1	13.		Johnson	2				14. MOTHER'S M		Ward				
hysic yours	•	15.	WAS DECEASED EVE	R IN U. S. ARME	D FORCE		IAL SECURITY NO), 17, IN		1160	Maru	Addr	ess		
ing Fer)	17	U. U. ALC.	(It hat' dans mot or or	lotes of servic	21	9-03-50	300	Hospital	Rec	ords				
tenall pleas			18. CAUSE OF DEA	ATH [Enter only of the CAUSEI		-				-				INTERV	AL BETWEEN
h≡ al			1710	IMMEDIATE CA	USE (o) OT BUC		neralize inal col		metasta	.ଟଣ୍ଟ (of med	iastinum	and		?
			Conditions, if o	The state of the s	(b)	- the	of breas							ļ	9 yrs
gned perm in ar			gove rise to i	mmediate (_	UE TO										<u> </u>
en sign. Insit		2	lying couse lost.	}	(c)	10010 00011									
hysical leading		CERTIFICATION	PART II. OTF			ritis		ATH BUT N	OT RELATED TO TH	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?
ing presente here		FIE	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY					CCURRED	(Enter nature of in	njury in P	ort f or Port I	l of item 18.)		1 16	P. NO OF
ifical ifical ifical ifical					INER)										
s cert		MEDICAL	20c. TIME OF INJUR	Y Month, Day	y, Year	While	Not while	20e. PLA	CE OF INJURY (Ho ory, street, office b	me, farm, ildg., etc.)	20f. (City o	r town)	(Ce	ounty)	(Stote)
r this for u		W	p. m.		17	ot work [lay 8	46		July '	7 62			
Affic Afficial,			21. I certify the	July 7	d the de	no56	and the same of the same of the special section is		occurred at	to2:30I			that lik	ast saw	the deceased
detac				٨. ١	· /	· Channe	*		occorred di			et, city or town,		e dale :	DATE SIGNED
ed b	1		ACTUAL E	An.l	£ - f	uer	man	м	o Deer	's He	ead Sta	ate Hosp	ital		7/7/56
should short			PHYSICIAN'S NAME (Type)	V. Juern	nan,	M. D.			Sali	sbury	y, Marj	rland	alle ville dip ville oue des ville oue	*	
may be FUNE page 3		220	BURIAL CREMATIC REMOVAL (Specify)	10, 226. DATE T	HEREOF		C NAME OF CEM	ETERY OF	Ves le	100	MZn	ON (City, town, o	Som.	12	(Stote) Mil
D E D G =		23.	SUMERAL DIRECTOR	S SIGNATURE	1		ADDRESS	. 0	jene	17	BY HEGINER	1/15/	PRABLE SIGN	GATURE	
VS A15 (4) 15M 9/55	4	4	OTMA	6.11	ard	_ ' /	1125-10	17, 0	2 - D	ATE //	N/SC	KIN	10 il	A AN	TH. W.
										-		1/4	- 1 11	.0 FT UV	40 000 13

3 A 27

OBARECI:

7		MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8 67799
		7745	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 332
I director	PLACE OF DEATH COUNTY WICOMIC	•	MARYLAND	2 USUAL RESIDENCE (WILL OF STATE	ere deceased lived. If institution b. COUNTY	nn Residence before admission)
ooth.	b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write Rt	JRAL and give nearest fawn)
fune vid 1	Salis	· ·	1. Wk	Salisbur	•	×
short short	d NAME OF HOS	PITAL (If not in hospital, give stree	t address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
5	R.F.	D. #1 Salisbury		R.F.D. #	4	YES NO 🗌
6 0	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Meni	h Day Year
fille ges	(Type or print)	ROBERTI	FRANKLIN	MATTHEWS	DEATH 7	2 19 56
Po Po	5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH1865	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
and	Male	White WIDOW		June 2, 1965	91 75	
can pop pop	during most of w	TION (Give kind of work done 10b orking life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	ar foreign caunity)	12. CITIZEN OF WHAT COUNTRY
a da da	Ret. Fa	WEST	Own Farm	Maryl 14. MOTHER'S MAIDEN N		U.S.A.
₽ ₹8₹.		~~				
g physician remove car		Matthews VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. [17.	Jane Hosi	Addr	P11
Sept 2	(Yes, no, or unknown)	[If yes, give war or dates of service)				
death tendin please vithin 7	18 CAUSE OF D	EATH [Enter only one couse perul		Rex Hill,	R.F.D. #1 Sal1	sbury Md.
opten ple with		EATH WAS CAUSED BY:	on he had he	wallen.	+	ONSET AND DEATH
the Then	Ъ.,	IMMEDIATE CAUSE (o)	outra pu	acomage		a una
that by	Canditions, if					
ires era o c	gove rise to	immediale Dus To				
equence signal individual individ	lying couse los					
sicio been frans	PART () C		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
phy phy nos h iol- novo	<u> </u>					YES NO
AN: T ending ficote b ficote b or ren	20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTI)	WAS UNDERLYING 20b. DE: IG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item 18.)	
SIC date of the control of the contr	20c. TIME OF INJ			ACE OF INJURY (Home, form		(County) (State)
PHY	Ö Hawr a. g: ▼ p. m	10 111111	Not while	ctory, street, office bldg., etc.	1	
Spire 1	21. I certify	that I attended the decea	sed from 6 15 3	56 19 to 7	-1-56 19	,that I last saw the decease
NDI P P P P P P P P P P P P P P P P P P P	alive on 7	-1=56 12		accurred at AM.		nd an the date stated above
11 4 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		PSI		2-56-	ADDRESS (Street, city or town,	
A A P P P P P P P P P P P P P P P P P P	ACTUAL SIGNATURE	u L Lawr	7	M.O. True	Ueul /	nd.
should strong purity	PHYSICIAN'S NAME (Type)	Dr. Les Lawry	Fruitland . Mar	ryland		
た 大型の ひ		ION, 226. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, o	r county) (State)
May 1 Fundament 1 Page 1 The re	REMOVAL (Speci	fy)	Union Chruch		Wicomico, Mar	
5 5 0 5	3. FUNERAL DIRECTO		ADDRESS			TRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Hill & Jol	nns on Co . Sali	sbury, Marylan	d DATE -	5.56 Ma	rull, Holloman
1		11011110	A Isabic		U TICES	1
		170				V

BINEYO K &

9931 9 70.

MECENNED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DE TENNING

9

hould

papers.

leath.

ofter

hours гетоме

2

Iven]

filled

puo carbon

physicion certificate

attending ease

ģ permit. in a≡y⊥

gned

ficate

buriol-transit

S

registrar

page

FUNEX 9

o

15M 9/55

TO.

death a

requires that

OF SET 1929

BUREAU V. &

MEDICAL EXAMINED'S CEPTIFICATE OF D

THE PERSON OF	-			1	17	' ' 7		Ω.	
EATH				11		4	1	-si	
	St and	Disa	- B.Los						

1. (LACE OF BEATH	comico		MARYLA	NID	2. USUAL RESIDENCE (N	Where deces	sed lived. If institu b. COUNT		dence be		ission)
ь	. CITY OR TOWN IN	outside corporate limits, write	RURAL	c LENGTH OF STAY IN		c. CITY OR TOWN (I		porote limits, write				own)
	Mardela			3 yrs.		Marc		, , , , , , , , , , , , , , , , , , , ,		><		
d	NAME OF HOSPITA	L OR INSTITUTION (IF	not in hos	pital, give street address)		d. STREET ADDRESS				/		ESIDENCE
	RFD					RFD						A FARM?
	NAME OF	First		Middle		Last	4. DATE	Montl	1	Doy	Y	fear
(Type or print)	Marshal		Nevitt		Istead	DEATH		July	4	1	9 56
5. \$		6. COLOR OR RACE	MARRI	ED 🔼 NEVER MARRIED [8. 1			9. AGE (In yours loss birthday)		ER TYEAR		ER 24 HRS
	M		WIDOWE			3-3-1896		60 уп.	Months	Days	Hours	Min
l0a d	USUAL OCCUPATION	N (Give kind of work do life, even if refired)		(IND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (State	or foreign	country)	12. C	ITIZEN O	E WHAT	COUNTRY
	Engineer		I	Boating		Doncaster	., Md.		U	J. S.	A.	
13.	FATHER'S NAME	•				14. MOTHER'S MAIDEN	NAME					
	Robert M	ilstead				Carrie Sar	iders					
		R IN U. S. ARMED FOR	rvice)		17. INF	ORMANT		Address				
U	HKHOWH		70	6-12-2391	Jul	lia Milstead	i, Har	dela, Md.				
	18. CAUSE OF DEAT	H [Enter only one cause	per line	for (a), (b), and (c).]						BNTE	ET AND DE	EEN A Pui
		H WAS CAUSED BY	*	Cerebral 1	hemo	orrhage				Su	dden	
	Conditions, if an gave rise to immed (a), stating the u cause last.	nderlying DUE TO				cardic-vas					nra	
CERTIFICATION	PART II, OTH	ER SIGNIFICANT COND	TIONS CO	ONTR BUTING TO DEATH E	BUT NC	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PA		P. WAS . PERFO YES []	RMED?
CERTIF	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIB	E HOW INJURY OCCURRE	D. (Ent	er nature of injury in Par	1 I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Year	While		PLACE	OF INJURY (Home, farm y, street, office bldg., etc	n. 20f. (City	y or town)	(0	County)		(Stote)
	7			emoins described		· ·	-	nspection [],			, and	find the
	death resulted	Trom: INDIUTOI C	onses h	Accident ,	Suici	de [], Homicide	: [_], U	ndefermined c	couse [_ -		
	ACTUAL SIGNATURE	En- IL	10	me		M.D. CHIEF MEDICAL E	KAMINER [1			DATE S	IIGNED
	EXAMINER'S -	arl L. Roye	r. M.	D.)		ASSISTANT MEDIC DEPUTY MEDICAL			7-9-	.56		
	NAME (Type)	with the Trock of										
??o		7-7-56	,	22c. NAME OF CEMETER				dela, 1.d.	or county)	(Stal	e) /

VS. A15ME(\$) SM 9/55

or remayal.

TO DEPUTY MEDICAL EXAMINER: This certificate should be extended within 21 haurs offer death. If any delay cute the rificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forword to the Chief Medical Examiner's Office along with farm PM3, Page Sanoy be relained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrant.

File page

is necessary, please er or petor. Page 4 shauld be or to buriel, Eremonion,

7-07 . 771.

		MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (7713
		7726 CERTIFICATE OF DEATH Reg. Dist. No. 332
1		PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission) b. COUNTY b. COUNTY
	-	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest lown)
		Kokas ond give hedrest rown)
		d. NAME OF HOSPITAL (If no in hospital, give street podress) Peninsular description of the street podress of
		NAME OF First Middle Mitchell DEATH July 22 105
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
	100	MINITER WIDOWED DIVORCED 1-12-1883 TO WINDOWS MONTHS Days Hours MIN USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY
1	-	derriginal of working life, even if retired)
4	13.	FATHER'S NAME 12 Gr + 0 00 14. MOTHER'S MAIDEN NAME
1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
).	(Yet	Pro minoral (11 yes, give for or stores of service) 2/7-36-2052 Bershie Mitchelle Nieme
		18. CAUSE OF DEATH [Enter only one course for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEADLE COURSE ON SET AND DEA
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NOVERTY CAUSE (a) NOVERTY CAUSE (a)
		Conditions, if ony, which)
		gove rise to immediate Carse (a), stating the under DUE TO
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP
_	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED? YES NO
	CERTIF.	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20% (City or town) (County) (Sto
	MEC	Hour a. m. 19 While Not work of work o
		21. I certify that i attended the deceased from 12 21, 100, to 122, 193 that I last saw the dece
		Appress (Stree), city or lown, stote)
1		SIGNAPURE COST / July 22,
		PHYSICIAN'S NAME (Type)
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
	23:1	FUNCAL DIRECTOR'S SIGNATURE ADDRESS A
	12	- X marie Co- Vulma Lel 100 1 100 Mary It Hollow
		The state of the s



INSEAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7727 CERTIFICATE OF DEATH

67714

224

Reg. Dist. No....

	1. PLACE OF SEATH		2. UBUAL RESIDEN	CE (HOME) OF DE	CEASED						
	COUNTY Wicomico	MARYLAND	STATE Maryland county Micorico								
	CITY (If outside corporete limits, write RURAL	! LENGTH OF STAY	CITY (if outside corpora	eta limits, write RURAL as		1					
	OR and give nearest town) TOWN Salisbury	since 2/23/5	52 TOWN White Haven								
	HOSPITAL OR Pine luft State	Hospital	STREET ADDRESS	(if rurel giv	a location)	on}					
	STREET ADDRESS Salisbury, Maryl	and	None								
	3. NAME OF (first)	(Middle)	(Last)	4. DATE (Mon	th) (Day)	(Year)					
	(Type or Print) Carlton	Henry	Moore	DEATH Ju	lv 12	19 56					
	5. SEX 6. COLOR OR 7. SINGLE, M	ARRIED. B. DATE		. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.					
	Male RACE WIDOWED (Specify)	widowed Oct.	5, 1884	Months Dexs	Hours Min.						
7	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Carpenter	. KIND OF BUSINESS OR INDUSTRY	Marion Station			EN OF WHAT					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1 002						
	John Henry Moore		Sama F B	rittingham							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	1 17. INFORMANT & A								
á	[Yes, Rp, or unk.] [If Yes, give wer or detes of service]	215-20-0240	Patient who	on admitted							
	110	18. MEDICAL CE		en aum.coeu	INI	ERVAL BETWEEN					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH		1	, ON	SET AND DEATH					
	IMMEDIATE CAUSE (A)	Memoria	my Tulen	-cirles	1	194/_					
	ANTECEDENT CAUSE(S) DUE TO	7	7								
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	······································	<u> </u>								
	STATING UNDERLYING CAUSE LAST. DUE TO										
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.										
		NGS OF OPERATION			2	O, AUTOPSY?					
5					YES	NO 🖾					
		(Home, ferm, fectory, met, office bldg., atc.)	21c. WHERE DID INJURY OCCUR	(City or lown)	(County)	(Stelle)					
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR	7							
	<i>m</i> ,		22 to 12 . Tulle	- 70 5/							
	22. I hereby certify that I attended the d										
1	alive on 12, 19,6,,	and that death occurred a		uses and on the d ESS (Street, city, town		'e. Date signed					
10 M	FAT DATE	£ 1.		,	i, siciel	DAIR BIGNED					
1-55	23. BUNDAL CREMATION. I DATE THEREOF	I NAME OF CEMETRY O	Salish	LOCATION (City, town	July	12, 1956					
A15C 1-55	RELIOVAL (SPECIFY)	7		7	. 9-	1					
Ž.	Berrick 1/14/36	Mason	Cem.	JARRA	us, M	101,					
ζ.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	2/66	25 FUNERAL DIRECTOR'S S	, I	ADDRES!	1 64-					
g!	DATIFORLY 17,1956 Missed.	solloway,	11/1/1/11/1	essure	Dur	elve M					
	10	0~									

WHITTEN A' ?

27 11 771

1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67715
\$ \$ E	January		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
please a 4 should premate	Ki)	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
D-4 _/	1	-	Wicomico Maryland 6. COUNTY Wicomico
Page Puriol	THE MADEL		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cess o Pd	×		(Rural) Salisbury (Rural)
is ne petor			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R. D. F 4 Schumaker Pond. d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS vis. IS RESIDENCE ON A FARMY VIS. M. OF I
19 10 10		1	3. NAME OF First Middle Int 4 DATE Month Day Ven
ny d inerc your			OF PARKER JR. OF THE STATE OF T
H of for series		1	S. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years less bust bust bust bust bust bust bust bu
ined in		L	Male White WIDOWED DIVORCED Feb. 20, 1940 16 yrs. Months 12 Hours Min.
deo deo	_	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CIT ZEN OF WHAT COUNTRY during most of working life, even if retired)
ond ond be re	/	(L	None (School Boy) None Pen. Gen. Hosp. Salisbury, Md USA
000	4	A	3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
် ရ က ရွာ က	1 4		Albert Edward Parker Martha Rema Moore
Pa Pa Pa			15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or doles of service)
Give 13. P.			No (If yes, give war or dotes of service) Mr. Albert E. Parker (Father) R.D. 4 Schumaker Ed. Saliebury Naryland
P.M.3			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETUPED. ONSET AND DEATH
			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning Minutes
execute them I th form			/ N/ Y, X DUE TO
F 4 5			Conditions, if any, which (6)
pencil pencil plong burial			(a), stating the underlying DUE TO
10			cause last. (c)
icate sl ing" in Office ed as o			PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\bigcup \text{NO} \)
nding ris O	(YES NO
ne pe			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. Child guren herond denth and cante.
rord Fxam Fould			, I direct by one beyond dep of and saints
DC >			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) How a. m. 7— 2 1956 of work of twork of Schimaker Pond Saliabury Wicomico Md
MINE ig the ledicol		- 13	Destroy of the best of the bes
≶ .≘≥≥			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and find that
7 > EO			death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined cause
FDICAL ficate, w the Chi			ACTUAL CANAL CANAL SIGNED
돌문으다			SIGNATURE M.D. CHIEF MEDICAL EXAMINER
2 4 2	0		EXAMINER'S ASSISTANT MEDICAL EXAMINER OFFICE OF THE PROPERTY OF THE PROPERT
DEPLY DE PLANTE DE PUNERAL	removo 0	-	NAME (Type) Dr. Earl L. Royer M.D. DEPUTY MEDICAL EXAMINER July 3 1956 20. BURIAL CREMATION, 1225, DATE THEREOF 1226, NAME OF CEMETERY OF CREMATORY 1224 OCCATION (City Jown or county) (Stola)
	5	2	REMOVAL (Specify)
F		2	Burial July 5,1956 Wiconico Hemorial Park Salisbury, Maryland 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME(5	5)	- 17	HOLLOWAY & COMPANY PINTERAL HOME -SALISBURY, MD.
5M 9/55		Ŀ	DARE U - Mary M. Golloway

L'ULLE V. L

9961 9 77

DECEINED.

13			MARY	LAND :	STATE DEPART	MENT OF	HEALT	H-BALTI	MORE, 18	1 (14)	1916
			774	8	CERTIFIC	CATE OF	DEAT	Н		tog. Dist. N	332
Page 4	1.	PLACE OF DEATH			MARYLANI	II A STATE	SIDENCE (W	here deceased in	ved. If institution b. COUNTY		
of dire	-	Wicomico	If outside corporate lim	ts. write	c. LENGTH OF STAY IN 11	Ma	ryland		Wi com		annet town)
death.		RURAL and give n	earest lown]						s limits, write RUF	Wr oug Sine u	earest town)
fler hout	\vdash	d. NAME OF HOSPI	TAL (If not an hospital, g	ive street a	ddress)	d. STREET	Pitts	rille_			e. IS RESIDENCE
2000	L	OR INSTITUTION	Pitteville							/	ON A FARM? YES NO
P P P	3.	NAME OF DECEASED	Fje	at .	Middle	L	osl	4. DATE	Month	C	Day Year
fille ges		(Type or print)	ARTHUR		HTRAM	PARKE	R	OF DEATH	7	.]	1 19 56
P P P	5. :	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	B. DATE OF BIE	RTH	9	1 4 3 3 44 3 5 6	UNDER 1 YEA	AR IF UNDER 24 HRS. Haurs Min.
ed y	10-	Male	White	WIDOWED		May 26,	1879		77 yn.		
con gab	100	during most of wor	ON (Give kind of work king life, even if retired	donej 106. K)	IND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State	or foreign coun	lry)	12. CITIZEN	OF WHAT COUNTRY
and de e ex	R	TATHER'S NAME	arrier	P	ost Office		arylar			U.S.	Α
d o o o o	13.	FAIRER 3 NAME				14. MOTHER	S MAIDEN	NAME			
physicion physic	15	Jonath	an Parker	CE 52 14 5	OCIAL SECURITY NO. 117	INFORMANT	e Bail	CY	Addres		
g physicial remaye co	[Ye	, no, or unknown)	(If yes, give war or dates of s	ervice)							
	F	NO CAUSE OF DE	ATM (Enterople			reston P	arker	Salisb	ury		
death please within			ATH [Enter only one co ATH WAS CAUSED BY:	N/	•	4 84 1 .	t.			ON IN	TERVAL BETWEEN
the cent		and the	IMMEDIATE CAUSE (o		rue N	ryse	aim	MA			34rs
that that it. Tit. Tit.		Conditions, if a		16	1 heaters	day					/
ires ermi		gove rise to i	mmediate (11	D PV (
64 E. S.		couse (o), stoting lying couse lost,	the under	. //:	<i>V</i>						
sicio Gen Cors	Z	PART II. OT			NTRIBUTING TO DEATH B	UT NOT RELATED 1	TO THE TERM	IINAL DISEASE C	ONDITION GIVEN	IN PART I(o)	19 WAS AUTOPSY
phy da h	1										PERFORMED?
ing ing bur rem	CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCUR	RED. (Enter gature	of injury in	Port I or Port II	of item 18.)		
IAN Hend ffica ffi		(IF EITHER, NOTIFY	MEDICAL EXAMINER)		MON	MAN	u				
r att	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			PLACE OF INJURY	(Home Surt	5. 20f. (City or	town)	(County	y) (Stote)
PHI olo shis:	MEC	Hour a. st. p. m,	19	While of work	Notwhile of work		77	·)	- 1	-	
NG Tarring 1.		21. I certify th	nat I attended the	decease	fram. / 1/-5	3 19	Y 100	any	down	hat I last s	saw the deceased
N THE STATE OF THE		alive an 7-	-1-56	12	and that dea	th accurred a	7 7	M. Front			ate stated above
TTE TORY TO DE		1	- 1 ,		0 -	1.	0	ADDRESS (Style	I, city or layen, sto	ite]	DATE SIGNED
A Day of I		ACTUAL SIGNATURE	rautil	11/	ours	_M.D//	LL	aid	1 M	a,	
O C D P d		PHYSICIAN'S		10							
I sho		PHYSICIAN'S NAME (Type) DY			fillards, Mar						
TO HOSPI may be TO FUNER page 3 if the regis	220	BURIAL, CREMATIC REMOVAL (Specify) BUTTAL	DN, 22b. DATE THEREC	F	22c. NAME OF CEMETERY				Y (City, town, or		(State)
O D D D D D D D D D D D D D D D D D D D	20	FUNERAL DIRECTOR	1 1 1/2		Pittsville (emerery			ille, Ma		
VS A15 (4) 15M 9/55				lishu	ADDRESS ry, Maryland		-	D BY REGISTRAI	24b. REGISTR	AR'S SIGNATU	RE
15M 9/55			CY) Allond				DATE	006	Mary	W. M	HEUMAY
			- 1 3 2" 1712" P	1 1	V P V (1 (1) (1)		-		- //		,

S'A OVER

OBATTO EU

			MARY	LAND STA	TE DEPARTA	AENT C	F HEALT	H-BAL	TIMORE, 1	8	622	17
			7728		CERTIFIC	ATE C	F DEAT	Н		Reg. Dis	.,	1,
M	1.	PLACE OF DEATH o. COUNTY	SELECTION	Wicor	nic omaryland	2. USUA a. STA	A I P	here deceased	lived, if institution b. COUNTY	Suss		Imission)
	Г	KUKAL and give		ts, write c. LEN	IGTH OF STAY IN 16	· c. CIT	Y OR TOWN (IF	autside carpo	rate limits, write RI			town)
2	H	d NAME OF HOSP	LSDURY PITAL (If not in haspital, 9	ive street address	4yrs	d ST	Selbyv	TITE			1	BCDIPPALCO
7	L	Sprin	ighill San			0. 31	ALLI ADDRESS					RESIDENCE ON A FARM?
		NAME OF DECEASED (Type or print)	Dora.	st	Middle B e	Pe	try	4. DATE OF DEATH	Mont		Doy	Year C4
	5.	SEX	6. COLOR OR RACE	7. MARRIED K		8 DATE O			9. AGE (In years	ages /	1 YEAR IF L	19 56 INDER 24 HRS
		k'emale	white	WIDOWED [DIVORCED [Oct		879	9. AGE (In years last birthday) 76 yrs.			ours Min.
		overing mass or mu	ION (Give kind of wark of king life, even if relired)	1	_	USTRY 11. B	RTHPLACE (State	ar foreign co	ountry)	12. CITI		HAT COUNTRY
-		HOUSEWII	r e	OWN	home		Ohio				USA	
	13.		Amos Murra	37		14. MO1	Mary S		ava			
	15		ER IN U. S. ARMED FOR	-	SECURITY NO. 17	INFORMAN		Carren	Addr			
	(Ye	i, na, ar unknown)	(If yes, give wor or dates of se	ervice)		_		90	lbyvill		67	
		18. CAUSE OF DE	ATH [Enter only one co	use per line for (c	a), (b), and (c),]	D. A.	FCULY		I O Y V I I I	C 2 10		L BETWEEN
		PART I. DE	ATH WAS CAUSED BY	A. A.	Vin m	OCIL	las re	mal	despa	00	ONSET A	ND DEATH
		4	DUE TO									
		Conditions, if										
		gove rise to couse (a), stating	immediate									
		lying couse last										
	CIRTIFICATION		THER SIGNIFICANT CON							EN IN PART	PE	AS AUTOPSY REORMED?
	CIERTIE	OR CONTRIBUTION (IF EITHER, NOTIF)	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURR	ED. (Enter na	ture of injury in	Port t ar Port	II af item 18.)			
	■ DICAL	20c. TIME OF INJU Hour o. n. p. m.			ot white	LACE OF INJ sclory, street,	URY (Hame, farm , office bldg., etc	n, 20f. (City	ar town)	(C	ounty)	(State)
		21. I certify t	hat attended the	deceased fra	m	, 19	5 / 10	Jeely	2/ 1956	,that I lo	ast saw t	he deceased
		alive on	19242	12_5	., and that death	h occurre	d at X		the causes a		e date si	tated abave
		ACTUAL /	Truck	1 /2	stay_	_	En	ADDRESS (61	eel, city or town,	tote)	7	DATE SIGNED
1		SIGNATURE	22/1		1/1/1	W.D	Julia	Toold	<u>~</u>		/-	236
		PHYSICIAN'S NAME (Type)/	tiego	9	tousle							
	22a	BURIAL, CREMATION	ON, 226. DATE THEREO	F 22c. N	IAME OF CEMETERY C	OR CREMATO	PRY	22d. LOCAT	ON (City, town, or	county)	(State)
	22	Burial	7/4/56		Hed Me	en	-1		yville		Del.	1
	23.	FUNERAL DIRECTO	S SIGNATURE	101	DORESS) -	100	A PG. REC	D BY REGISTE	AR 246 REGIST	TRAR'S SIGI	NATURE	10
	=		1 run	V-111	Composite Constitution of the constitution of	12/	COCONIE .	L#	19tho. ///	ary 1	11.00	covey
			(/							11		U

X 3 DYSYNG



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 7729 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest lawn] NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle 4. DATE Month Day Year DECEASED {Type or print} DEATH 19 5 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED IN NEVER MARRIED lost birthdoy) Months Davs DIVORCED [WIDOWED [AL yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM 15 WAS DECEASED EVER/IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for int. (b) and/ic).] INTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which] gove rise to immediate DUE TO cotie (o), stating the underlying cause last. (c) PAIT 11. OPHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19, WAS AUTOPSY PERFORMED? YES T NO. 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Slote) factory, street, office bldg., atc/ Hour o.m. Not while 19 at work of work 21. I certify that I attended the deceased from 19 Cthat I last saw the deceased and they death occurred at 1115 H.M. from the couses and on the date stated above. alive on ADDRESS [Styfet, city SIGNATURE NAME (Type) 226, DATE THEREOF 7750 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) FUN REMOVAL (Specify) . FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

Span

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RIPREAU V. S.

777 41 700

ं विद्यान

1 .	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	F7731 CERTIFICATE OF DEATH
director.	1. PLACE OF DEATH COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
uneral dire	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
the fun 2 should	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Pen. Gen. Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
Puo -	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED NORMAN DAY TODAY DECEASED
Pages 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
nd camalletely no popers. Podeath.	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if (elired)
corbon parties dec	Ruployee (Checker) Victor Lynn Lines Sussex County, Delaware U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicio remove co 2 hours al	Robert Prettyman 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ors. po. or unknown) 16. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ors. po. or unknown) 17. INFORMANT Ors. po. or unknown)
n = 54 #	Unk Salisbury Maryland
the of and in Then please event within 2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ood (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2011 (a) CONTROLLE CONTROLLE PART 2. DEATH WAS CAUSED BY: 1. DEATH WA
, r y	Conditions, if ony, which (b)
icion.	gove rise to immediate couse (a), stating the under lying couse lost. DUE TO OF CHARGENIA
ng physici m hm been buriol-tran remayol, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI
fical fical or	
of or ath this certification, emation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Not while of work of work of work
hospit After red fo iol, cr	21. I certify that I attended the deceased from 19.5 n to 19.5 that I last saw the deceased alive on 19.5 n and that death occurred at 128.054M, from the causes and on the date stated above
by the	ADDRESS (Street, city or town, state) DATE SIGNET
R Should by	PHYSICIAN'S
X = 0 0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Inventor County) (Stoke)
TO FUN	REMOVAL (Specify) Burial July 29.1956 Wiconico Menorial Park Saliabury, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	HOLLOWAY & COMPANY FUNERAL HOME-SALISBURY, MD. DATE . Many It I Alloway

			MARY	LAND	STATE DEPAR	IWE	NT OF F	IEALT		LTIMORE,	18			
			· Mana	EDICA	AL EXAMINE	er's	CERTI	FICA'	TE OF	DEATH	- G	77	2832	
_	. 1	LACE OF DEATH	• 7732				2 HEHAT DE	EIDENCE A	Albana dasan	sed lived. If instit	Neg, Di	81, 14G.		
10	1. 1	COUNTY	1.7.7		MARYI		- STATE	,		b. COUN	the			
78	l-	CITY OF TOWN	Wi.comico	- An Beatlean	c. LENGTH OF STAY I			Maryl			WlC	omi c		
		and give negres) to	m(1)	WIND BURAL		N ID				perote limits, write	NUKAL and	Sive sec	orest town)	
		Salisb			4 years			sbury						
	0				spital, give street address	'	d. STREET						ON A FAR	SW2
			Philadelph:				209	W. Ph		lphia Ave	9.		YES NO	X
	(NAME OF DECEASED		First	Middle		Las	t	4. DATE OF	Man	th	Day	Year	
		Type or print)		Edi th	Relie			kin	DEATH		7	31	19 5	
	5. \$	EX	6. COLOR OR RAC	E 7. MARRI	ED KNEVER MARRIED	□ 8	DATE OF BIRTH	4		9. AGE (In years lost birthday)	Months		Hours Min.	
		F	W	WIDOWE	DIVORCED [Jan. 2,	1891		65 yrs.	Months	Days	nouni i Min.	
	10a.	USUAL OCCUPATION MOST OF WORLD	TION (Give kind of working life, even if retired	k done 10b.	KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign	country)	12. CITI	ZEN OF	WHAT COUP	ITRY
- 4		Housewi			ome		New	York			U.	S.	A.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME					
_ /		Frederic	k Reilein				Barb	ara U	Jrf					
7	15.	WAS DECEASED	EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17. IN	FORMANT			Addres	1			
	[140,	No	(it has days not or gover	Ot HALANCE)	None	S.	. F. Ra	nkin.	Same	address				
		18. CAUSE OF DE	ATH [Enter only one	avse per line	for (a), (b), and (c).]							INTERV	AL BETWEEN AND DEATH	
			ATH WAS CAUSED BY		Coronary occ	lus	i.on							
		11:20 1	IMMEDIATE CAUSE	[0]								Sur	lden	
		Conditions, if	DUE T											
1		gove rise to ima	rediole couse	[b]										
		(o), stoting the	underlying DUE T											
	z		THER SIGNIFICANT CO	(c)	ONTRIBUTING TO DEATH	RUT NO	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VENI INI PART	1/01/10	WAS ALITO	DC Y
	CERTIFICATION	(7.11) 11)			attin agricultural		DI KEUNED IO	IIIE IERM	TITL DISCLO	L CONSTITUTE OF	TELVIEL LAKE		PERFORMED	?
	FIC	200 EYTERNAL C	ALIKE WAS	20h Desceia	BE HOW INJURY OCCURR	ED 16-	Ann mature at 7	ton to be	A I P 18	-f + - 101		11	S NO	ÇV)
	ERT	20g. EXTERNAL C PRIMARY (S) or C CAUSE OF DEATH	ONTRIBUTING							or frem 16)				
		20c. TIME OF INJ		Fell	dead while i	ron	ing in	home,	not sette		10.	-1.1	167	. 1
	WEDICAL	Hour, a. m		while	e Not while	foctor	y, street, office	bldg., etc.	.) 201. [C.II]	y or town)	(Cou	וְעִיח	(Sta	rej
	2	1:450		<u> </u>	ork of work		me			Saliabur		omi c		_
					remains described			Autops	у 🔲 🖳	nspection 🔀	. Inquir		and find	tha
		death resulte	d fram: Natura	causes	XI. Accident □,	Suic	ide 🔲 , H	lomicide	. □, U	ndetermined	cause .			
			1	1 1	2								DATE SIGNES	
		ACTUAL SIGNATURE	2001	h- \	17/1		M.D. CHIEF M	MEDIÇAL EX	KAMINER [DAIR SIVING	
		EXAMINER'S			()		ASSISTA	NT MEDIC	AL EXAMINE	ER 🔲				
		NAME (Type)	Earl L. Ro	ver. M	D.		DEPUTY	MEDICAL	EXAMINER [8-1-	-56	
	220.	BURIAL CREMAT	ION, 22b, DATE THER		22c. NAME OF CEMETER	RY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)	
	1	REMOVAL (Special Burial	8-4-56		Elmlawn Cer	mete	erv.		Kenn	nore, N.Y				
		FUNERAL DIRECTO			ADDRESS			240. REC	D BY REGIST		ISTRAR'S SIG	NATURE		
		Hill and	Johnson Co	. Salj	Labury, Md.			DATE	2-36	Mar	ull.	40	mi	1
k		7	orman	Bok	201		-				1		7	
		14	Commen	1.50-0						/			/	

A MATHON

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7749

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY WICOMICO MARYLAND	STATE Maryland county Wicomico						
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR						
	White Haven 13 Yrs.	TOWN White Haven						
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS						
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yeer)						
	(Type or Paint) Lawrence J. Rober							
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE last birth dey IF UNDER 1 YEAR IF UNDER 24 MRS. Months Deys Hours Min.						
		5-1878 77 yrs. 7 6						
	10e USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?						
1	refired) Dentist D.D.S.	Nanticoke, Maryland U.S.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Elias Robertson	Mary Ellen Parker						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS						
,	No	Lucy J. Robertson, White Laven, Md.						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWLEN , ONSET AND DEATH						
	IMMEDIATE CAUSE (A) LINGUILITUR	Bule Delets. 10 MICVITA						
	ANTECEDENT CAUSE(S) DUE TO							
	DISEASES OR CONDITIONS, IF ANY, (B)							
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ns. 3 weeks.						
	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	ZO. AUTOPSY? YES NO						
	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.)	1c. WHERE DID INJURY OCCUR? (City or town) (Caunty) (State)						
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED Not white et work et work	21f. HOW DID INJURY OCCUR?						
	22. I hereby certify that I attended the deceased from	19.51, to						
	alive on	AM, from the causes and on the date stated above.						
\$	SIGNATURE	ADDRESS (Street, city, lown, state) DATE SIGNED						
A15C 1-55	23. BURIAL, CREMATION, DATE-THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)						
115C	Burial 7-8-56 Practin Ca							
VS A	Burial 7-8-56 Tyaskin Ce	mtery Tyaskin, Naryland						
4	bart 9 1956 Mary & Hollowayn	C. L. Mercelo, Bivalve, Md.						

A UANTILLA IN SECOND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67724 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) p. COUNTY b. COUNTY Wicomico MARYLAND Pennsylvania Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town Pottstown Saliabury d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 1494 Hilltop Road Pen. Gen. Mospital R.D.# 18 YES THE NAME OF First Middle 4. DATE Day DECEASED OF DEATH WITH TAN THOMAS STABBORD JULY (Type or print) 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (in years lost birthday) Months Days Hours White Male DIVORCED | August 2. 1874 WIDOWED F Y/S 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Retired - Butcher Owned Meat Store R.D. Snow Hill Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Edward Stanford Mary Elizabeth Bowden rndve 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 7. INFORMANT Mrs. Francis Wage (Daughter) R.D. \$18 Hending link ow Road - Pottstown. Pa ease 18. CAUSE OF DEATH [Enter only one cause per light for (o), (b), and left NTERVAL BETWEEN ONSET AND DEMT ā PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO cosse (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1 CERTIFI 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Year [County] [Stote] foctory, street, office bldg . etc.) WED Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from .___, ta_ and that death occurred at 13:05P-M, from the causes and on the date stated above. alive an ADDRESS (Street Lity or loven, store) SIGNATURE David J. Salisbury. Dr. Gilmore Medical Bldg. Maryland NAME (Type) iay be FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL [Specify] Salisbury, Maryland Buria July 17,1956 Parsons Canatary 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 249. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY FUNERAL NOME - SALISBURY, MD. 15M 9/55

BUREAU V. S.

JUL 11 ...

DE ALTS EN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

death.

hot

within

certificate

death

that the

HOSPITAL

1 4 111.13

9951 *

E An

			> 77	34	CERTIFICA	ATE OF DE	ATH		Reg. Dist.	No. 7326
and with		PLACE OF DEATH 2. COUNTY Wil CO	mico		MARYLAND	2 USUAL RESIDEN	_	b. COUNTY		
lored (M)		CITY OR TOWN (* RURAL and give ne	f autside corporate lim arest tawn)	iits, write	c. LENGTH OF STAY IN 16			orale limits, write f		
2 pg	-	Sali	sbury		2ª Vics		Salisbur	y		
문문		OR INSTITUTION	AL (If not in hospital,	give street	oddress)	d. STREET ADDR	223			e. IS RESIDENCE ON A FARM?
5			de Nursbng	Home		Controller	ex@mort6	12 Smith	St.	YES NO D
- G	3.	NAME OF DECEASED	F	rst	Middle	Lost	4. DATE OF	Moi	nth	Day Year
G		Type ar print)	EDNA		CINDERELLA	TURNER	DEATH	i Ji	ulv	17 1956
'	5. 5	EX	6. COLOR OR RACE	7 MARI	RIED T NEVER MARRIED	8 DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS
		Female	White	WIDOW		Feb. 8.188	34.	72 yrs.		ays Hours Min
<u>.</u>	10a	USUAL OCCUPATIO	ON (G ve kind of wark sing life, even if retires	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	EN OF WHAT COUNTRY?
5		House W		"	Own Home	Marvo	land		15.	S.A.
	13.	FATHER'S NAME				14. MOTHER'S MA		****	35.8	V 1 1 1 1
,		Mathias	Disharoom			Ella F	Jarman			
	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	TELY TICAL	Add	dress	
	1 1101	. no, or unknown)	(If yes, give wor or dates of	rechice]		orge R. Tr		Colimba	www. Mo	been frame
4	一	1B CAUSE OF DEA	TH [Enter only one o	guse per lir	none Ge	SOLD B. ILA LI		SALLSU	ury Ha	INTERVAL BETWEEN
			TH WAS CAUSED BY:		Stroke					ONSET AND DEATH
Ē		* / ·	DUE TO							
		Condition is -		+	1. malicel	artin	AL CON			
		Canditians, if as	nmediate			7000	11.0			
	П	cause (a), stating lying cause last.	the under-		Hy ho la	Les .				
	z		J (UDITIONS (ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE	TERMINAL DISEA	SE CONDITION ON	VENT IN DARK I	IN THE STATE OF TH
	ATIO	100, 111 011	ick sio micani co	401110110	LONG TO LEATING	NOI KEEKILD TO THE	E I LIGHTINAC DISEA	SE CONDITION GI	VEN IN PART I	PERFORMED?
	E	20n ACCIDENT WA	S HNDERLYING (7)	20h DES	CRIBE HOW INJURY OCCURRE	D. /Fater nature of ini	usu in Past Las Po	et II of item 191		YES NO
	CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	100.013	CRIDE HOW HOOK! OCCORRE	D. (Lines lidioid of inf	ory	(1 II OI IIEIII 10.)		
	3	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. II	NJURY OCCURRED 20a. PL	ACE OF INJURY (Hom	e. form, 20f. (Ci)	y or lown)	(Cou	unity) (Stote)
	MEDICAL	Heur a. n. p. m.	19	While at wor	Not while , To	ctary, street, affice bld	lg., etc.))	,,,,,,	(====;
	`		and a second and all all		1/11/2	1033.	-7/	7/, 195	2	
è			at I attended the	aeceas		4 19 1 1	12/200	/		st saw the deceased
3		alive an		14 18.	and that death	occurred at 5	M, fro	m The causes (Street, city or town,	and an the	date stated above.
,		ACRIMI	, 6	tre			ADDRESS (otreet, city or town,	, state)	DATE SIGNED
		SIGNATURE	17.	prompt d		M.D				
		PHYSICIAN'S DE	Andrew	. Mit	chell . 211 Ma	ervland Ave	Salis	burv. Ma	ryland	
	-									
	220	BURIAL CREMATION REMOVAL (Specify)	1/20/21	JP .	Parsons Cemer		22d. toc/	Sbury, M	or county)	(State)
	22	Burlal								
		FUNERAL DIRECTOR'		0-7	ADDRESS Movember		REC'D BY REGIS	TRAR 24b. REGI	ISTRAR'S SIGN	L M Comment
	TH.	e HIII &	7		isbury, Maryla	TIQ DA	TE / 1/)	b Vnae	yw,	roceorray
			Norman	Bal	ien					

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

T El Inco

956T .

					TATE DEPARTA					18	67	727	7
	1 -		WE	DICA	. EXAMINER	5	CERTIFICA	TE OF	DEATH	Reg. Di	et. No	21	22
		PLACE OF DEATH	7735				2. USUAL RESIDENCE (Where deced	sed lived. If institu				
		. COUNTY	Wicomico		MARYLAN	Ю	d. STATE Mary	yland	b. COUNT	Wi	comi	ico	·
	E	. CITY OR TOWN (If autside corporate limits, write	Ь	c. CITY OR TOWN (I	f outside cor	porote limits, write	RURAL ond	give n	earest to	wn)		
100	3.	Salis!	oury		l year		Salisbury	7					
1/3	V		TAL OR INSTITUTION (I		tal, give street address)		d. STREET ADDRESS					•. IS R	A FARM?
17			General Hos				717 Rose	st.				YES	NO []
		NAME OF DECEASED	Fin		Middle	¥.T.	Lest	4. DATE OF	Month		Day		fear = /
	5. 5	Type or print)	Presto		☐ NEVER MARRIED ☐		atkins	DEATH	9. AGE (In years	IF UNDER	27		9 56
	3	M	C	WIDOWED			11-30-1930		lost birthday)		Dayı	Hours	Min.
,	10a	USUAL OCCUPATI	ON (Give kind of work of		ND OF BUSINESS OR INDI	JSTR'		or foreign		12. CITE	EN OF	WHAT	COUNTRY?
	0	uring most of worki Laborer	ng life, even if retired)		D. Metal Co.		Ansonvill		*	II		. A.	
1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I				4 15		
	ÿ	Paul Watl	cins				Bertha I	Davis					
	75. (Yes	WAS DECEASED ET	/ER IN U. S. ARMED FOR	CES? 16. S			ORMANT		Address				
		No		24	5-44-4530 Ma	th	er irs. Bert	tha Wa	tkins Mad	eabore	1.0	:. C	
			ATH Enter only one cau	se per line fo	r (o), (b), ond (c),]							INTERVAL BETWEEN ONSET AND DEATH	
		PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Hemo	rrhage due	to	bullet woun	id of 8	aorta		2	22 hou	ars
		81%	DUE TO										
		Conditions, If a	ony, which) (b)								-		
		(0), stoting the											
	z.		HER SIGNIFICANT CONE	DITIONS CON	ITRIBUTING TO DEATH BU	TNO	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	FN IN PART	1(0) 19	0 WAS	ALTOPSY
	CATION											PERFO	RMED?
	CERTIF.C	20a. EXTERNAL CA	USE WAS 201	b. DESCRIBE	HOW INJURY OCCURRED	(En	er nature of injury in Por	rt I or Port II	of item 18.)			- Indillin	
	1	CAUSE OF DEATH	·	Shot	in fight wit	tr.	another man	la .					
	MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yea	20d. IN While	JURY OCCURRED 20e. P	LACI	OF INJURY (Home, form y, street, office bldg., etc	n. 20f (Cir.	y or town)	(Саы	niy)		(Stata)
	MEC	9 P p. m.	7-27- 19			Ion			Lisbury	Wicon	niec		id.
					mains described al			у Х. Т	nspectian 🗀 🥻	Inquir	(X)	and	find that
		death resulted	fram: Natural o	causes 🗐	, Accident [], S	vici	de 🔲, <u>Hamicide</u>	⇒ □K ⊓	ndetermined c	ause 🔲.			
		ACTUAL	En-11	15	2 : /							DATE S	CENDI
		SIGNATURE			Jel		M.D. CHIEF MEDICAL E	No.					
		EXAMINER'S	Poul 1 D				ASSISTANT MEDIC DEPUTY MEDICAL			70 7	_		
	220	NAME (Type)	DN. 226. DATE THEREO	er. L.	D. NAME OF CEMETERY				TION (City, Iown, o	e couply))	(Slote	-1
		REMOVAL (Specify	7-30-56							. coonly)		LT (9
		FUNERAL DIRECTO			ADDRESS		meter v	D BY REGIST	RAR 246. REGIS	TRAR'S SIG	NATUR	E	
	J.	F. Stew.	art Funeral	Home.	Salisbury.	Mđ	DATE	8-1-50	a ma	W/ In	W.	Hla	wad
						سيربح							

BREEVA A 6

a l I bio

WE'S LOSIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1

wells to me traine sight to the form Trotaces and the second of the

San Deally and Co. salishbary Maryland of the Salish and

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7737 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07729

	, , , ,				Reg. Dis	t, No.			
1, PLACE OF DEATH 6. COUNTY	Wicomico	MARYLAND		Where deceased lived. If I		ce before admission)			
b. CITY OR TOWN Iff and give nearest town	Salisbury	c. LENGTH OF STAY IN 16		outside corporate limits,	write RURAL and	give nearest fown)			
d. NAME OF HOSPIT	Pen. Gen. Hosp		d. STREET ADDRESS Gle	n St.		e, IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	ROWARD	Middle ROLAND	WELLS	06	Worth	Doy Year 6 th 19 56			
S. SEX Male	6. COLOR OR RACE 7. MARRIE		April 14, 1	9. AGE (In ye lost birthdoy) 48		YEAR IF UNDER 24 HR			
during most of workin	ON (Give kind of work done 10b.) g life, even if refined) ed Gas Pumps for	Oil Companys		or foreign country) o, Maryland		S A			
	ervice Station R	opair-man	Florence						
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	s. Beatrice Saliabury	Nellie Wells	(Wife)Gl	en St.			
	diate cause		d of the brat	in		NIERVAL BETWEEN ONSE AND DEATH 81 hrs.			
PART II. OTH	IER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVÊN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 🔀			
	USE WAS NITRIBUTING [] 20b. DESCRIB	e How INJURY OCCURRED. (E		t I or Port II of item 18.)					
ZOC. TIME OF INJUITED HOUP a. m. 10 A. p. m.		Not while fact	CE OF INJURY (Home, form ory, street, office bidg., etc pmo-garage.	20f. (City or town) Salisbury	Wi comi				
	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause								
ACTUAL SIGNATURE	Entl R	74/	M.D. CHIEF MEDICAL E			DATE SIGNED			
EXAMINER'S DE			DEPUTY MEDICAL	EXAMINER	July	17 1956			
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	July 2) 1956	22c. NAME OF CEMETERY OR Farlow Cemet	ery	Near Pitts	ille, Ma				
23. FUNERAL DIRECTOR	S SIGNATURE COMPANY FUNERAL	HOME - SALISB	TTO 35 ACC	D BY REGISTRAR 246.	REGISTRAR'S SIGN	Hallaway			

HTANE SO STADBITHD EVENTAGE MADE MADE IN TELET

The state of the s

BUREAU V. S.

381 ES 1UL

BECEINED